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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: TROPIC-ZONE, Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Brian H. Malvan Name (Printed or typed) 6417 La Costa Drive # 104 Address				
	Boca Raton, FL. 33433 City, State & Zip			
	City, State & Zip			

NOTE: Please provide the original and one copy of the articles.

561-338-9392 Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

TROPIC-ZONE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6417 La Costa Dr. *104 Boca Raton, FL. 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distributor of clothing

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Brian H. Malvan, President

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

,			
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
Brian H. Malvan 6417 La Costa Dr. # 104 Boca Raton, FL. 33433			
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Brian H. Malven 6417 La Costa Dr. #104 Boca Raton, FC. 33433			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity			
Jon Walun	12-14-07		
Signature/Registered Agent	Date		
15. Malu	12-14-07		
Signature/Incorporator	Date		

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