

PO8000023378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

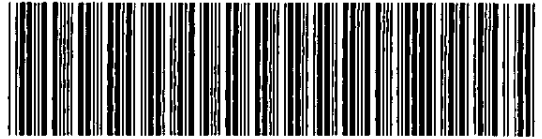
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08 MAR -3 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
375

**COVER LETTER**

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

SUBJECT: TROPICAL TRAFFIC, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: #1314

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: TAMARA CLARK  
Name (Printed or typed)

1921 DOVE FIELD PLACE  
Address

BRANDON, FL 33510  
City, State & Zip

(813) 480-9837  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

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## ARTICLE I NAME

The name of the corporation shall be:

TROPICAL TRAFFIC, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1921 DOVE FIELD PLACE, BRANDON, FL 33510

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TAMARA CLARK  
1921 DOVE FIELD PLACE  
BRANDON, FL 33510

PRINCIPAL

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

TAMARA CLARK 1921 DOVE FIELD PLACE  
BRANDON, FL 33510

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

TAMARA CLARK 1921 DOVE FIELD PLACE  
BRANDON, FL 33510

\*\*\*\*\*

*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*

Tamara Clark

Signature/Registered Agent

Tamara Clark

Signature/Incorporator

2/28/08

Date

2/28/08

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA