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2009 JAN -9 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Tanza Capital Corporation

**(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

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

**ADDITIONAL COPY REQUIRED**

FROM: Paul Sweeney

Name (Printed or typed)

**6603 Spanish Moss circle**

### Address

Tampa, Fl 33625

City, State &amp; Zip

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)

**ARTICLE I NAME**

The name of the corporation shall be:

Tanza Capital Corporation

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6603 Spanish Moss Circle, Tampa, FL 33625

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Investment

**ARTICLE IV SHARES**

The number of shares of stock is:

100000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Paul Sweeney 6603 Spanish Moss Circle, Tampa FL 33625 President and Secretary  
Brendan Sweeney 6603 Spanish Moss Circle, Tampa FL 33625 Vice President  
Jacklyn Sweeney 6603 Spanish Moss Circle, Tampa FL 33625 Vice President

**ARTICLE VI REGISTERED AGENT**

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

Paul Sweeney  
6603 Spanish Moss Circle  
Tampa, FL 33625

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Paul Sweeney  
6603 Spanish Moss Circle  
Tampa, FL 33625


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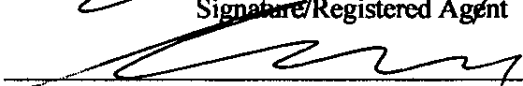
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date