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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

UBJECT: TrayC Ir	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	.UDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: <u>Tra</u>	acy Grier Name	(Printed or typed)	
	761 SW 148th Ave. Unit # 911	Address	
	Sunrise, Florida 33325 City	, State & Zip	
	(561) 543-7222 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:

TrayC Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 15280 Jog Road Suite # I, Delray Beach, FI 33446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tracy Grier

President

15280 Jog Road Suite I, Delray Beach, Fl 33446

ARTICLE VI REGISTERED AGENT

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

Tracy Grier

15280 Jog Road Suite I, Delray Beach, FI 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tracy Grier

15280 Jog Road Suite I, Delray Beach, Fl 33446

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

TRANI GRIFP Signature/Registered Agent

Date

TRACY Grien

TRACY GENER Signature/Incorporator

5-5-09 Date