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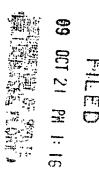
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COVER LETTER

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

SUBJECT:	TSITAS ENTERPRISES, INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal 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	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:		ASSOCIATES, P.A.		
	Name	(Printed or typed)		
	140 S. ATLANTIC AVENUE			
	Address			
	ORMOND BEACH, FL 32176			
	City,	State & Zip		
	386-673-6489			
	Daytime T	elephone number		
		RIESECPA.COM	notification)	
	E-mail address: (to be used for future annual report notification)			

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:

TSITAS ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3593 Casalta Circle
New Smyrna Beach, FL 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all business permitted under the laws and statutes of the State of Florida and elsewhere.

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Thomas Tsitas - President, Treasurer, Secretary, Director 3593 Casalta Circle New Smyrna Beach, FL 32168

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Thomas Tsitas - Registered Agent

3593 Casalta Circle

New Smyrna Beach, FL 32168

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: DEVRIESE & ASSOCIATES, P.A.

140 S. Atlantic Avenue

Ormond Beach, FL 32176

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

	10/8/09
Signature/Registered Agent	Date
E . C DE	10/8/09
Signature/Incorporator - Equa DEVINESE	Date