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COVER LETTER

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

SUBJECT: Tropic of	of Kimba, Inc			
 	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 CC	ADDITIONAL COPY REQUIRED	
FROM: Kim	nberly Peterson Nam	e (Printed or typed)		
555	5 North Ocean Blvd #48			
		Address		
Laud	derdale by the Sea, Florida 3330		_	
	City,	State & Zip		
954	647 6261			
	Daytime T	elephone number		
kimb	erlypeterson@tropicofkimba.cor	n / argent22@comcast.net		
		d for future annual report r		

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



June 28, 2010

KIMBERLY PETERSON 5555 NORTH OCEAN BLVD # 33308 LAUDERDALE BY THE SEA, FL 33308

SUBJECT: TROPIC OF KIMBA, INC.

Ref. Number: W10000030725

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

ARTICLES MUST BE FILLED OUT, AND A CHECK MUST BE SENT WITH DOCUMENTS FOR FILING.

If you have any further questions concerning your document, please call (850) 245-6869.

Letter Number: 310A00015808

Christine Haney Senior Clerk New Filing Section

www.sunbiz.org



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FLORIDA DEPARTMENT OF STATE IN THE COMPANY OF AN ACCOUNT. **Division of Corporations**

August 2, 2010

KIMBERLY PETERSON 5555 NORTH OCEAN BLVD # 33308 LAUDERDALE BY THE SEA, FL 33308

SUBJECT: TROPIC OF KIMBA, INC.

Ref. Number: W10000030725

We have received your document for TROPIC OF KIMBA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist Supervisor

Letter Number: 610A00018524

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 OF KIMBA INC

ARTICLE II PRINCIPAL OFFICE

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

5555 N. OCHAN BLUD. #48 Laudendale - By-the-5000, Pr. 33300

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTIST

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PETERSON, CED KIMBERRAP

REGISTERED AGENT

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

HAMM COHEN 5555 N. DOGEN BLUD FLD - LOUD OND ALE BY HE-SEA) RTICLE VII INCORPORATOR ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON COHEN 5555 N. OCLEMBLUD #48 12UDKDAIEBY THE SDAIT 33308

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/Incorporator/Registered Agent

egistered A

7/10/10 Date