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(Requestor's Name)			
(Address)			
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
No copy			
	Office Use Or	ntv	



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T. Burch MOV 5 2010

COVER LETTER

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

SUBJECT: Triple S Expatriot Services, Inc				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
	ADDITIONAL COPY REQUIRED			
FROM: Reinier Jansen Name (Printed or typed) 1914 Cordova Road, Suite 174				
	Address			
Fort Lauderdale, FL 333 City,	State & Zip			
Daytime Te	elephone number			
corporationsbusiness@g E-mail address: (to be used	mail.com I 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. (Prof. , FILED

ARTICLE I	NAME Triple S Expatriot Service proporation shall be:	ces, Inc.	2010 NOV -2 PM 2: 50
•	orporation shall be.		SECRETARY OF STATE
	PRINCIPAL OFFICE Principal street address 1914 Cordova Road		所知,AIIASSEE FLORIDA Mailing address, if different is:
	Suite #174 Fort Lauderdale, FL 33316		
ARTICLE III	PURPOSE		
The purpose for v This corpora	which the corporation is organized is: tion is organized for the purpose of trai	nsacting any	and all lawful business activities
ARTICLE IV	SHARES .		
	res of stock is: One-Thousand (1,000) sha	res of stock	of Ten (\$10.00) dollars par value
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	3	
	itle:Reinier Jansen, President		:
Address:	1914 Cordova Road	Address:	
	Suite #174	ı	
	Fort Lauderdale, FL 33316		
Name and T	itle: George Groeneveld, Secretary	Name and Title	:
Address:	1914 Cordova Road	Address:	
	Suite # 174		
	Ft. Lauderdale, FL 33316		
Name and T	itle:	Name and Title	
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of t	the registered age	nt is:
Name:	Reinier Jansen		
Address:	1914 Cordova Road #174		
	Fort Lauderdale, FL 33316		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Reinier Jansen		
Address:	1914 Cordova Road #174 Fort Lauderdale, FL 33316		
	ed as registered agent to accept service of process m familiar with and accept		
			. / 0/
	Required Signature/Registered Agent		Lo/28/10
			Date
	iment and affirm that the facts stated herein are t epartment of State con stitutes a third degree felony		
			10/28/10

Required Signature/Incorporator