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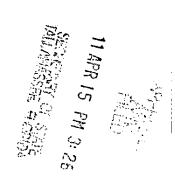
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COVER LETTER

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

SUBJECT: TBR HOLDINGS INC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: TRACY B. ROTHSTEIN Name	e (Printed or typed)
521 EDEN DRIVE	Address
SANTA ROSA BEACH,	FL 32459 State & Zip
(904) 608-7705 Daytime T	elephone number
tracybeth1013@gmail.co	om / d for future annual report notification)
NOTE: Please provide the o	riginal and one copy of the articles.
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2011

TRACY B. ROTHSTEIN 521 EDEN DR SANTA ROSA BEACH, FL 32459

SUBJECT: TBR HOLDINGS INC. Ref. Number: W11000018956

TBR HOLDINGS OF WALKON COUNTY, INC.

We have received your document for TBR HOLDINGS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 111A00008110

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	<u>NAME</u>					
The name of the cor	rporation shall be:	TRO 110	O ZHAMAN	HONAW Z	1400m	d In
ARTICLE II	PRINCIPAL OFFICE	10- 11	2-20/19-05			
	Principal street address		and N	Mailing address, if di	fferent is:	#5/7
	21-EDEN DRIVE		14	untercolo	rway	<u>dol</u>
	ANTA ROSA BEACH, FI	32459_	Sant	a Kosa Be	iCh, EL	<u> 3245</u> 9
	80 LAIRO DR.			<u></u>		
	FREEPORT FL 3	2349				
	PURPOSE hich the corporation is organiz	zad ie:				
REAL ESTAT	E RENTALS AND MA	NAGEMENT (OF PROPERT	Υ		
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	SHARES				一道气: C	ر الحديد الأسال ال المسالم الأسال الأس
The number of shar	es of stock is:100				31.5	
ARTICLE V	INITIAL OFFICERS AND	OR DIRECTOR	s		11.1 25.27	
	tle:TRACY B. ROTHSTE					<u>.</u>
Address:	521 EDEN DRIVE					<u> </u>
	SANTA ROSA BEAG		·-			
	80 LAIRO DO		_			
	FREEDORY FL	32349				
	tle: TRACY B. ROTHSTE	IN, DIRECTO				
Address:	521 EDEN DRIVE	=	_ Address: .		_ 	
	SANTA ROSA BEAC		_			
	80 LAIRD DR	32 3 49	_			
Name and Th	FREEPORX FL	32 3 7 4	Name and Title	:		
Address:	tle:		_ Name and Title. Address:	·		
Address.			_ //dd/033.			
			- 			
	REGISTERED AGENT	NOT	Cale a mandatament anno	.t i.a.		
	rida street address (P.O. Box		t the registered ager	it is;		
Name:	TRACY B. ROTHS		LAIRO DR			
Address:	521 FDEN DRIVE SANTA ROSA BE	ACLI FI-OAF		C 328	4 01	
	SANTARUGADO	ACHTE DZ40	- ANTOLOK	1 1 2 3	1 3	
ARTICLE VII	INCORPORATOR					
	lress of the Incorporator is:					
Name:	SHERRY F. KLAN.	IAC_CPA	_			
Address:	1218 NEW HAMPS	HIRE AVE	_			
	LYNN HAVEN, FL	32444				
	_dddd	-4io of manage	a for the above sta	ted componentian at t	ha nlaca desia	matad in
	ed as registered agent to accep n familiar with and accept the					пшеи іп
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<u> </u>	Required Signature/Re	\ <u></u>		-51	7, 11	
	Required Signature/Re	gistered Agent		•	Date	
I submit this door	ment and affirm that the fact	e stated berein are	true I am muase	that the false infor	mation submi	tted in a
t SUUTIU INIS UUCU! document to the N	ment ana ajjirm inat ine jaci epartment of State constitutes (o ouncu nerem ure o third decree felow	v as provided for is	ine juise injur 18817.155 F.S.	.:	sfs 16
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∞	X J Klanja Regulied Signature	C CPA		21	129/22	//
- XXVIII	X Participation	Incompande		<u> </u>	Data	1 1
	() Required Signature/	meorporator		1	prate	