

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

Office Use Only



500209363115

**500209363115** 06/29/11--01014--001 \*\*78.75



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W11000035316

## **COVER LETTER**

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

SUBJECT: Transformation & Re-e	entry, Inc.	
(PROPOSED CORPORA	TE NAME – MUST INC	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: William Allard Name	e (Printed or typed)	
5444 Park Blvd., Suite 2	01 Address	
Pinellas Park, FL 33781	State & Zip	···········
727-455-8833 Daytime T	elephone number	
abtr2@tampabay.rr.com E-mail address: (to be use	d for future annual report	notification)

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



RECEIVED
11 JUL 13 AM 10: 20

FLORIDA DEPARTMENT OF STATE ALLAWASSEE, RORIDA Division of Corporations

July 1, 2011

WILLIAM ALLADB ALLARD

5444 PARK BLVD SUITE 201 PINELLAS PARK, FL 33781

SUBJECT: TRANSFORMATION & RE-ENTRY, INC.

Ref. Number: W11000035316

We have received your document for TRANSFORMATION & RE-ENTRY, 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 state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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: 111A00015886

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

ARTICLE II	PRINCIPAL OFFICE	
	Principal street address Mailin	g address, if different is:
	5444 Park Blvd., Suite 201	
1	Pinellas Park, FL 33781	
ARTICLE III	PURPOSE	
The purpose for v	which the corporation is organized is:	
Correction po	rograms.	
ARTICLE IV		
he number of sha	res of stock is: 1000.	
	INITIAL OFFICERS AND/OR DIRECTORS	
Name and 1 Address:	itle: William Allard, President Name and Title:	
Address.	Discussion Deals El 00704	
	Tuenas Laik, CL 30701	
· Name and T	itle:William Allard, Secretary Name and Title:	
Address:	maaam i milii mara daa aa a	
	Discline Desk, El 00704	
	itle: Name and Title:	
Address:		
RTICLE VI		
he <u>name and Flo</u> Name:	orida street address (P.O. Box NOT acceptable) of the registered agent is:  William Allard	
Address:	5444 Park Blvd Suite 201	
riddiess.	Pinellas Park, FL 33781	i a single
	,	Tiplus A 4 4 4 4
RTICLE VII	INCORPORATOR	
	dress of the Incorporator is:	ুল ড়
Name: Address:	William Allard	Service Co
Address:	5444 Park Blvd., Suite 201 Pinellas Park, FL 33781	
laving been nam	ed as registered agent to accept service of process for the above stated co	proporation at the place designated i
	m familiar with and accept the appointment as registered agent and agree	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	so de la companya della companya del	luno 23, 2011
	Required Signature/Registered Agent	June 23, 2011  Date
submit this docu	ument and affirm that the facts stated herein are true. I am aware that i	
	repartment of State constitutes a third degree felony as provided for in s.81	
1	1 rd	,
<u>ب</u>	Required Signature/Incorporator	June 23, 2011
	Required Nignature/Incorporator	Date