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(Requestor's Name)					
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Consideration As Cities Office					
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COVER LETTER

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

SUBJECT: TeamBuilding Alliance, Inc.	
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status & Certificate of Status \$78.75 \$87.50 Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
ADDITIONAL COLL REQUIRED	
FROM: Scott T. Flynn Name (Printed or typed)	
Name (Finited of typed)	
1540 Gulf Blvd #1804	
1540 Gulf Blvd #1804 Address Clearwater Beach, FL 33767	
Cidal Hatol Dedolil I in Color	
City, State & Zip	
727-698-6970 Daytime Telephone number	
scott@bestteambuilding.com 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 The name of the co		e, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing addr	ess, if different is:
4	1540 Gulf Blvd		
	1804	Clearwater Beach	, FL 33767
Ö	Clearwater Beach, FL 33767		
ARTICLE III	PURPOSE		
The purpose for w	which the corporation is organized is:		
Any and all is	awful business.		
	res of stock is: 75,000		
	INITIAL OFFICERS AND/OR DIRECTO		
	itle: Scott T. Flynn - President		
Address:	1540 Gulf Blvd	Address:	
	#1804		
	Clearwater Beach, FL 33767		
Name and T	itle:	Name and Title:	
Address:	MC		
Addicss.			
Nome and T	itle:	Name and Title:	
Address:	iue	Address:	
Audicss.			
ARTICLE VI	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	£ 5-4 B
Name:	Scott T. Flynn	<u> </u>	
Address:	1540 Gulf Blvd #1804		
	Clearwater Beach, FL 33767	<u> </u>	Tristant 1
4 200707 11 1177	71700 D D O D A MO D		2
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Scott T. Flynn		
Address:	1540 Gulf Blvd #1804		
	Clearwater Beach, FL 33767	 .	$\mathfrak{g}^{\mathbb{Z}}$ \mathfrak{S}
Having been nam	ed as registered agent to accept service of proce	ess for the above stated corpora	tion at the place designated in
this certificate, I as	m Jamiliar with and accept the appointment as re	egistered agent and agree to act i	in this capacity
3	st Spine flyn		1/1
1	No North Color		7/20/11
	Required Signature/Registered Agent		Date
I cubusidated door	ument and affirm that the facts stated herein a	to true I am aware that the fai	se information submitted in a
	epartment of State constitutes a third degree feld		
accuracia io inc D	Comments of Sime Community with a degree fell	ring and provious got on site 11200;	-
_	Kit / nene Zlyn-		7/28/11
	Required Signa are/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date