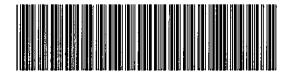
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	RD CORP TENAME-MUST INC		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d a check for:	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	12248 M3 Sem. City.	(Printed or typed) (Printed or typed) (Address (Address (C) (State & Zip (C) (C) (C) (C) (C) (C) (C) (C	IALLAHASSEE, ASSEE, ASSEE, ASSEE, ASSEE	

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) <u>ARTICLE I</u> NAME The name of the corporation shall be: TROPICEARD CORP. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 6727 CLAIR SHORE DR. APOLLO BEACH, FL. 33572 ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFESSIVER CORPORATION COMPRACTUR SHARES ARTICLE IV The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS DOUS STEWART CIN List name(s), address(es) and specific title(s): JOHN HOUGH 6727 CLAIR SHORE DR. SEMILINE PU APOLLO BETICIT FL 33571 RTICLE VI REGISTERED AGENT 33772 The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: DOLL STEWART 12248 MONANCH CIN SEMINOUS PL 33772 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JOSTA HOUGH 6727 CLAIN SHONE DR. 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/Registered Agent