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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
. (Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ıly
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SECRETARY OF STATE

HILED

T. Burch APR 25 Edition

COVER LETTER .

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

SUBJECT: Trust Fund Tramps In	C.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
	ADDITIONAL C	UPY REQUIRED
FROM: David James Name	(Printed or typed)	
3013 Driftwood Way Suit	e 2906	
A	Address	
Naples, FL. 34109	State & Zip	
239-285-3283 Daytime Te	elephone number	
dnjames82@gmail.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 corp	Trust Fund Tramps In oration shall be:	nc.	
ARTICLE II F	PRINCIPAL OFFICE		
	Principal street address	Mailing ad	dress, if different is:
<u>30</u>	13 Driftwood Way	205 10th Street	
Su	ite 2906	#7P	
. <u>Na</u>	ples, FL. 34109	<u>Jersey City, NJ.</u>	07302
ARTICLE III P	TRPOSE		
	ch the corporation is organized is:		
Entertainment	on the toppoint in organization.		=1,0
			产资 75
			GAR ₹
			FIL APR 24 ORETARY LAHASSE
ARTICLE IV S	HARES		
The number of shares			PA ED
	NITIAL OFFICERS AND/OR DIRECTO		
	David James CEO & Founder		
Address:	3013 Driftwood Way		
	Suite 2906 Naples, FL 34109		
	Naples, FL 54109		
Name and Title	:	Name and Title:	
Address:		Address:	
		_	
Name and Title	:	Name and Title:	
Address:			
APTICI PUI P	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	David James	1. 410 105 1500100 about 15.	
Address:	3013 Driftwood Way Ste 2906		
	Naples, FL 34109		
ARTICLE VII II			
Name:	ss of the Incorporator is: David James		
Address:	3013 Driftwood Way STE. 2906		
	Naples, FL 34109.		
	•		
	as registered agent to accept service of proce-		
inis cerujicaie, 1 am j	amiliar with and accept the appointment as rej	gstereu agent ana agree to act	in this capacity
$cO(\lambda)$	70 1 1/A		4/10/12.
$-\frac{(7 Y)^{\zeta}}{(1 + 1)^{\zeta}}$	Required Signature/Registered Agent		Data
	vodnuca pikimuta kekistetat Aktif		·Date
I submit this docume	ent and affirm that the facts stated herein are	e true. I am aware that the f	alse information submitted in a
	artment of State constitutes a third degree felor		
	11/		C1/19/17
-(YI)	(VIXVI		111111111111111111111111111111111111111
\sim	Required Signature/Incorporator		Date