## P14000041415

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

Office Use Only



500259788625

05/08/14--01017--007 \*\*78.75

14 HAY -8 PM H. OL

\* OS

1/2m

## **COVER LETTER**

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

<sub>SUBJECT:</sub> Tor	cana USA, Inc		
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal 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	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: K	Cathryn Andrew	(Printed or typed)	
1	128 3rd St N		
	A	ddress	<del></del>
Ş	t Petersburg, FL	33701	
	City, S	State & Zip	
3	21-443-1946		
-	Daytime Te	elephone number	
<u>k</u>	athryn.andrew@to	orcana.com	
	E-mail address: (to be used	i 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)

The name of the corporat	Torcana USA,	Inc		
	NCIPAL OFFICE Principal street address		Mailing address, if different is:	
	rg, FL 33701			
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is:	eting Service	S	
			T HA	SIVIE
			- 8 - N	10000000000000000000000000000000000000
APTICLE IV SHA	IRES 400 000		16 t	ELSIALE STATE
ARTICLE V INT	NRES stock is: 100,000 TIAL OFFICERS AND/OR DIRECTO David Shaw			
Address	1128 3rd St N St Petersburg, FL, 33701	Address:		
	Kathryn Andrew			
Name and Title:	1128 3rd St N	Name and Title: Address:		
	St Petersburg, FL, 33701			
Name and Title:		Name and Title:		
Address		Address:		
		<del></del>	· · · · · · · · · · · · · · · · · · ·	

Name and	d Title:	Name and Title:	<del></del>
Address		Address:	
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	of the registered agent is:	
Name:	Kathryn Andrew		
Address:	1128 3rd St N	_	
	St Petersburg, FL 33701	<del>-</del>	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Kathryn Andrew	<del>-</del>	
Address:	1128 3rd St N		
	St Petersburg, FL 33701	<del>-</del>	
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re		
	Kl U		5/6/2014
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the fai	
	KA()		5/6/2014
	Required Signature/Incorporator		Date