(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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NOV 24 2014

Office Use Only

T. SCOTT

COVER LETTER

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

TRAIN COLLECTIONS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED		

FROM:	TRAIN COLLECTIONS, INC.
-	Name (Printed or typed)
	6843 N . CITRUS AVENUE
_	Address
_	CRYSTAL RIVER, FL 34428
_	City, State & Zip
	352-795-6556
_	Daytime Telephone number
	dadelb1214@aol.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 NAM The name of the corporat	E Train Collections	, Inc.	**	
ARTICLE II PRII	VCIPAL OFFICE Principal street address Avenue		ailing address, if different is:	
ARTICLE III PURI The purpose for which the state of Florida	POSE ne corporation is organized is:TO OPE	erate a for p	profit corporation in	the
ARTICLE IV SHA The number of shares of s	stock is:		## NOV 20	(の) (の) (の) (できた。 (できた) (できた
•	IAL OFFICERS AND/OR DIRECTOR Richard J. Adelberg, P/V/S/T	_	Рм 3	
Address	6843 N. Citrus Avenue	_ Name and Title:_ Address:	5 e	
Audress	Crystal River, FL 34428			Air.
				<u> </u>
Name and Title:	· · · · · · · · · · · · · · · · · · ·			
Address		_ Address:		

Name ar	nd Title:	Name and Title:	
Address	<u></u>	Address:	
			<u> </u>
	 	 	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Richard J. Adelberg		
Address:	6843 N. Citrus Avenue	-	NON Section 1
	Crystal River, FL 34428	_	200
ARTICLE VII	INCORPORATOR	-	2
The name and a	ddress of the Incorporator is:		
Name:	Barbara N. Tremblay	-	
Address:	427 NE 3rd Street	-	
	Crystal River, FL 34429	.	
Having been nat this certificate, I	med as registered agent to accept service of process am families with and accept the appointment as reg	s for the above stated corp gistered agent and agree to	act in this capacity
	XI		November 172014
	Required Signature/Registered Agent		
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
Sal	lan U Tambles		11/17/14
	Required Signature/Incorporator		- Date