

P95000026925 **CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

95 APR -5 PM 1:22
 TALLAHASSEE, FL

JB 4/5/95

RE: Triad Investment
Group, 952225

	C.C. FEE	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
	300001447763	
	04/05/95-01007-005	
	***122.50	***122.50
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs		
SUBTOTALS		

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY AAK

WALK-IN Will Pick Up 45 1220

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

4-2-95

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

Gentlemen:

Please accept and process my articles of incorporation as attached.

Enclosed is my check for \$122.50 to cover your processing fees.

Please address all correspondence to:

JOSEPH BAKER
TRIAD INVESTMENT GROUP, INC.
5750 MAJOR BLVD SUITE 104
ORLANDO, FL 32819
1-407-352-2374

Thank you for your assistance in this matter.

Respectfully Submitted,



JOSEPH BAKER
TRIAD INVESTMENT GROUP, INC.
5750 MAJOR BLVD SUITE 104
ORLANDO, FL 32819

Encls.

ARTICLES OF INCORPORATION

of

TRIAD INVESTMENT GROUP, INC.

FILED

95 APR -5 PM 11:02

ARTICLE I - NAME

The name of the corporation is ----- TRIAD INVESTMENT GROUP, INC.
and whose principal office location is 5750 MAJOR BLVD SUITE 104
ORLANDO, FL 32819

ARTICLE II - DURATION

This corporation shall exist perpetually.

ARTICLE III - PURPOSE

This corporation is organized for the following purposes:

SALON and shall include the

transaction of any and all lawful business for which corporations may be
incorporated under State of Florida Statutes.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1000 shares of common stock, having
a per value of \$1.00 per share.

The stock as foresaid shall be paid for in lawful money of the United
States, or in property, labor or services at a just valuation to be
fixed by the incorporators, or by the Board of Directors at a meeting
to be called for that special purpose.

All voting power of this corporation shall be vested in the common
stock above designated.

ARTICLE V - PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this
corporation of the same kind, class or series as that which he or
she already holds, shall have the right to purchase his or her pro-
rata share thereof at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this

corporation is: 5750 MAJOR BLVD SUITE 104
ORLANDO, FL 32819

and the name of the initial registered agent of this corporation
is: JOSEPH BAKER

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of
directors may be either increased or diminished from time to time
by the bylaws, but shall never be less than one (1). The name and
address of the initial director of this corporation is:

JOSEPH BAKER
5750 MAJOR BLVD SUITE 104
ORLANDO, FL 32819

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles is:


JOSEPH BAKER
5750 MAJOR BLVD SUITE 104
ORLANDO, FL 32819

ARTICLE IX - POWERS

This corporation shall have all of the corporate powers enumerated
in the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned subscriber has executed these

Articles of Incorporation, this 4TH day of APRIL, 1995.


JOSEPH BAKER

I hereby am familiar with and accept the duties and responsibilities as
registered agent for said corporation.


JOSEPH BAKER, Registered Agent

95 APR -5 PM 1:33

STATE OF FLORIDA

COUNTY OF ORANGE

BEFORE ME, a Notary Public authorized to take acknowledgements
in the state and county set forth above, personally appeared,
JOSEPH BAKER, known to me and by me to be the person who
executed the foregoing Articles of Incorporation, and acknowledged
before me, that they executed those Articles of Incorporation.

WITNESS MY HAND AND OFFICIAL SEAL, this 4th day of APRIL,
1995.

I.D. Provided FL. O.L. # B260-497-60-401-0

Sandra J. Faupel
Notary Public

My commission expires:

SANDRA J. FAUPEL
Notary Public, State of Florida
My comm. expires Sept. 21, 1998
Comm. No. CC408754

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000026925**

1 Corporation Name

TRIAD INVESTMENT GROUP, INC.

FILED

96 OCT 21 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *96*

4 Date Incorporated or Qualified
To Do Business in Florida

04/05/1995

5 FEI Number

59-3305722

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

If above addresses are incorrect in any way line through incorrect information and enter correction below

2 New Principal Office Address If Applicable

3 New Mailing Office Address If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles

2 Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

4 City / State / Zip

BAKER, JOSEPH

5750 MAJOR BLVD., SUITE 104

ORLANDO FL 32819

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-10/25/96--01033--017

*****375.00 ***375.00**

8 Name and Address of Current Registered Agent

BAKER, JOSEPH
5750 MAJOR BLVD., SUITE 104
ORLANDO FL 32819

9 Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/17/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Baker

Date

Daytime Phone #

10/17/96

407-351-2374

CP220-03 (7/96)