P9600006354

TRANSMITTAL LETTER

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

SUBJECT:

SCOCION 1 6:5:1 6:65: -01/18/96--01035--004 *****78.75 *****78.75

	(Proposed corporate	namo - must include au	ıffix)		
Enclosed is an origin	nal and one (1) co	ppy of the articles o	of incorporation	and a che	ck
Siling Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required	He .	
FROM		Y BUTLE!	8	SYNVAL SECTION INT. 96	Ţ
	425 P		FTR.	7	
		Address			
	ORMON	HOASE D	FL 3217	14 13 E	
	Cit	y, State & Zip			
	904	676 2399			
	Daytime	Telephone number	•		

NOTE: Please provide the original and one copy of the articles.

AKTICLES OF INCORPORATION

FILED
96 JAN 17 ATTH 29

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business. FLORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be: TRINY B CORP

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
425 PINE BLUFF TRAIL
ORMOND BEACH, FL 32174

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

RANDY BUTLER 425 PINE BLUFF ORMOND BEACH, FL 32174 1-(904) 676-2399

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JEANESE BUTLER PRCS DENT TREASURER.
425 PINE BLUFF
ORMOND BEACH, FL 32174
1-(904) 676-2389

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The	name of the corporation is: TRIXY B CORP	P\$1001000
2. The	name and address of the registered agent and office is:	7. (************************************
	(NAME)	(ဂ (ဂ)
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
	ORMOND BEACH FL 32179	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Randy Buther 1/10/96 (DATE)