

P96000062988

TRANSMITTAL LETTER

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

600001892696  
-07/12/96--01091--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: T3N INC  
T4N INC  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

TERESA J. MOLOVI  
Name (printed or typed)

1039 KELSEY AVE  
Address

OVIDO FL 32765  
City, State & Zip

407-366-4676  
Daytime Telephone number

SECRET  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

96 JUL 26 PM 3:58

FILED

~~62-14730~~  
162 7.12

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 15, 1996

TERESA I. MOLAVI  
1039 KELSEY AVE  
OVIEDO, FL 32765

SUBJECT: T & N INC.  
Ref. Number: W96000014730

We have received your document for T & N INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Kimberly Rolfe  
Document Specialist

Letter Number: 496A00034174

ARTICLES OF INCORPORATION

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96 JUL 26 PM 3:50

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

ARTICLE I NAME

The name of the corporation shall be: ~~T~~IN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PRINCIPAL PLACE OF BUSINESS

MAILING ADDRESS

TERESA'S PRODUCE  
1315 Tuskawilla Road  
Winter Springs, FL 32708

TERESA I. MOLAVI  
1039 Kelsey Ave.  
Oviedo, FL 32765

ARTICLE III SHARES

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

TWO HUNDRED SHARES

The par value of each share of stock is.

NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

TERESA I. MOLAVI  
1039 Kelsey Avenue  
Oviedo, FL 32765

ARTICLE V INCORPORATORS(S)

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

Teresa I. Molavi, President  
1039 Kelsey Avenue  
Oviedo, FL 32765

Nader Molavi, Secretary/Treasurer  
1039 Kelsey Avenue  
Oviedo, FL 32765

The undersigned incorporators have executed these Articles of Incorporation this

9TH day of July, 1996.

Leonel. M. [Signature]

Signature - President

[Signature]

Signature - Secretary/Treasurer

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
96 JUL 26 PM 3:58  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

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: T3N INC

2. The name and address of the registered agent and office is:

TERESA I. MOLAVE  
(NAME)  
1039 Kelsey Ave  
(P.O. BOX NOT ACCEPTABLE)  
Orlando FL 32765  
(CITY/STATE/ZIP)

SIGNATURE Leresa I. Molave  
(corporate officer)

TITLE PRESIDENT

DATE 7/22/96

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.

SIGNATURE Leresa I. Molave

DATE 7/22/96