

P96000075187

Phil Demma  
 Requestor's Name  
 2120 Corp. Sq Blvd  
 Address  
 Suite 26  
 Jacksonville FL 32216  
 City/State/Zip Phone #

Office Use Only

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 96 SEP 10 PM 4:15  
 STATE OF FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- \_\_\_\_\_  
(Corporation Name) (Document #)
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(Corporation Name) (Document #)
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(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 8, 1996

SUZANNE J. AHLSTROM  
2120 CORPORATE SQUARE BLVD., STE. 28  
JACKSONVILLE, FL 32216

SUBJECT: TROPIC TID-BITS  
Ref. Number: W96000016621

We have received your document for TROPIC TID-BITS, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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.

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) 487-6924.

Sharon Tala  
Document Specialist Supervisor

Letter Number: 796A00037914

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida adopt the following Articles of Incorporation:

FIRST

The name of the corporation is: Tropic Tid-Bits *Inc.*

SECOND

The period of its duration is: Perpetual

THIRD

The purpose of the corporation is: Perform any legal business

FOURTH

The aggregate number of authorized shares is: 100,000

FIFTH

The corporation will not commence business until at least ten dollars have been received by it as consideration for the issuance of shares.

SIXTH

Cumulative voting of shares of stock are authorized.

SEVENTH

The address of the initial registered office of the corporation is:

2120 Corporate Square Blvd.  
Suite 26  
Jacksonville, Fl 32216

and the name of its initial registered agent at such address is: Phillip L. Demma

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EIGHTH

Address of the principal place of business is:  
2120 Corporate Square Blvd.  
Suite 26  
Jacksonville, FL 32216

NINTH

The number of directors constituting the initial board of directors of the corporation is five, and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

<u>Name</u>	<u>Address</u>
Phillip L. Demma	13359 Tropic Egret Drive
Valerie J. Beer	13359 Tropic Egret Drive
Suzanne J. Ahlstrom	13359 Tropic Egret Drive
Patrick B. Cregger	125 Margaret Street
Joseph R. Norman	9765 Southbrook Rd. #3305 3708

TENTH


The name and the address of each incorporator is: the same as stated in nine.

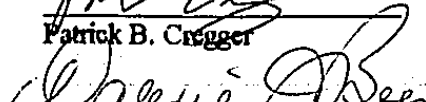
Date: August 1, 1996

  
Phillip L. Demma

  
Suzanne J. Ahlstrom

  
Joseph R. Norman

  
Patrick B. Cregger

  
Valerie J. Beer

**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: Tropic Ted-Bits, Inc.  
2120 Corporate Square Blvd., Ste #26

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

Phillip L. Demm  
(NAME)  
2120 Corporate Square Blvd., Ste #26  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)  
Jacksonville FL 32216  
(CITY/STATE/ZIP)

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*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.*

Phillip L. Demm  
(SIGNATURE)

September 10, 96  
(DATE)