

# P960000 82714

## TRANSMITTAL LETTER

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

300001963623  
-10/03/96--01027--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: TIFFERENT 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: ARI MATAN  
Name (printed or typed)

8222 WILES ROAD SUITE #176  
Address

CORAL SPRINGS, FLORIDA 33067  
City, State & Zip

954-346-8588  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT -3 PM 3:50

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

10/8/96

## ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT -3 PM 3:50

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

### ARTICLE I NAME

The name of the corporation shall be:

TIFFERENT INC.

### ARTICLE II PRINCIPAL OFFICE

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

8222 WILES ROAD SUITE #176  
CORAL SPRINGS, FLORIDA 33067

### ARTICLE III SHARES

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

20

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARI MATAN

8222 Wiles Road  
Suite 176  
Coral Springs, FL 33067

**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):

ARI MATAN  
8222 WILES ROAD SUITE #176  
CORAL SPRINGS, FLORIDA  
33067

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of SEPTEMBER, 19 96.

(An additional article must be added if an effective date is requested.)

Ari Matan  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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**

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DIVISION OF CORPORATIONS

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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: TIFFERENT INC.

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

ARI MATAN  
(NAME)  
8222 WILES ROAD SUITE #176  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)  
CORAL SPRINGS, FLORIDA 33067  
(CITY/STATE/ZIP)

*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.*

Ari Matan  
(SIGNATURE)

9/26/96  
(DATE)