TRANSMITTAL LETTER

P97000042226

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

SECRETARY OF STATE OF STATE OF COSTORIOR STATE

TBX, INC.

SUBJECT:

(Proposed corporate name - must include suffix)

600002173116--5 -05/09/97--01088--005 ****131.25 ****131.25

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
 - 8.75
- & Certificate
- □\$122.50
- Filing Fee
- & Certified Copy
- **\$131.25**
- Filing Fee, Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

FROM:

Zelda M. Ladan

Name (Printed or typed)

P.O. Box 4113

Address

Winter Park. FL 32793

City, State & Zip

(407)679-7636

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TBX. Inc.

ARTICLE II PRINCIPAL OFFICE

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

1398 Semoran Boulevard, Suite 108

P.O. Box 4113 MAILING:

Winter Park, FL

32793

32707 Casselberry. FL

ARTICLE III SHARES

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

10,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Zelda M. Ladan 4653 Tiffany Woods Circle Oviedo, FL 32765

ARTICLE V **INCORPORATOR**

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Amir H. Ladan 4653 Tiffany Woods Circle Oviedo, FL 32765

4-30-97

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

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 seques 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 4-30-97

Signature/Registered Agent

Date