97 JUN -2 AM 9:54

TALLAHASSEE. FLORIDA

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

000002197140--3 -06/02/97--01005--021 #\*\*\*70.00 \*\*\*\*\*70.00

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: Mathony TRAIL (OI)
Name (Printed or typed)

280 NE 156 ST

201 | Page - 6544

Daytime Telephone number

DIVISION OF CORPORATION

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

## ARTICLES OF INCORPORATION

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97 JUH -2 AM 9: 54

The undersigned incorporator, for the purpose of forming a corporation under the Florida<sub>SCOME</sub> in the SIAIE Business Corporation Act, hereby adopts the following Articles of Incorporation.

TALLAHASSEE, FLORIDA

ARTICLE I NAME	
The name of the corporation shall be:	
Tobrachell (SIP,	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	
280 NE 15614 N Muni F1 33/62	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
5 <i>C</i>	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	
A CH COLD COLD COLD COLD COLD COLD COLD COLD	
Author Thoris 250 Ni 186	
CALLACTE AMOND 2.30 NO 186	
Mr Mumi F/3 3/67	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
CARde FRANCOIS 280 NE (56 ST Anthony Jea-(11) 200 NE 150 11 N MITAIN 35161	
1.11. m 31 Anois 20 P F(1) 3/(1	
MAT(001) JUNE 150 11	
N Mitaler 3300	

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

Having heen named as registered agent and to accept service of t	process for the above stated corporation at the place designated in this
	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
abligations of my positionals redistered event	performance of my duties, and I am familiar with and accept the
Obrigations of the position is 1 gaster careful.	0 70.1 97

Signature/Registered Agent

Signature/Incorporator

Date

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