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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
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NAME: TROPIC SEAT COVER INC.

AUDIT NUMBER.....H97000011431

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

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**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

July 14, 1997

FAS-T CORP. AGENTS, INC.

SUBJECT: TROPIC SEAT COVER INC  
REF: W97000016217

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight  
Document Specialist

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**TROPIC SEAT COVER INC**

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

**ARTICLE I NAME**

The name of the corporation shall be: TROPIC SEAT COVER INC

The principal place of business of this corporation shall be:

3623 NW 37 CT BAY #7 MIAMI FL 33142

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 SHARES AT ONE DOLLAR (\$1.00) PER SHARE.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

JUAN M. GARCIA

3623 NW 37 CT #7 MIAMI FL 33142

Prepared by: Dora E. Gonzalez  
7080 W. 16th Ave.  
Hialeah, FL 33014  
(305) 557-5090

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**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

JUAN M. GARCIA

3623 NW 37 CT #7 MIAMI FL 33142

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this ~~FOURTEEN~~ day of JULY, 1997.

Signature(s) of Incorporator(s)

Juan M. Garcia  
JUAN M. GARCIA

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

Pursuant to the provisions of Section 607.325, 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:

TROPIC SEAT COVER INC

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

Juan M. Garcia

3623 NW 37 COURT DAY#7

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33142

(CITY/STATE/ZIP)

SIGNATURE Juan M. Garcia

JUAN M GARCIA

TITLE PROXY

DATE 7-14-97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Juan M. Garcia

JUAN M GARCIA

DATE 7-14-97

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