# 197000076570

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

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SUBJECT:	Proposed co	proporate name - must include		
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a c	on seek for:	3
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Suleyman D Name (Pr	emirpolatrinled or typed)		
	9089 Foxwa	ood Dr. S. Address	97 S	
\. M\	Tallahassee, City,	· · · · · ·	308	
3717 97		2- 40 90 Celephone number	** II: 30	

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

FILED

#### ARTICLES OF INCORPORATION

97 SEP -4 PM 12: 56

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

SECH STATE TALL/ HISSEE, FLORIDA

ARTICLE I NAME
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The name of the corporation shall be:

TRANSACT: , Inc.

## ARTICLE II PRINCIPAL OFFICE

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

9089 Foxwood Dr. S. Tallahassee, FL 32308

# ARTICLE III SHARES

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

Dre

# INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SULEYMAN DEMIRPOLAT

9089 Foxwood Dr.S., Tallahassee, FL32308

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Suleyman Demirpolat 9089 Foxwood Dr. S. Tallahassee, FL 32308

9/4/97

(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 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

Signature/Registered Agent DEMIR POLAT 9/4/97