_From ∶

PHONE No. : 732 7201

OCT 28 // 10: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

100002331561--6

SUBJECT:	J.A.T.C.			
SUBJECT:	(Proposed corporate name - must include suffix)			
	• •			
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a c	check for .	
\$70.00	Ta \$78.75	□\$122.50	☐ \$131.25	
Filing Fee	Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	& Certificate	& Cestined Copy	& Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	John A.	Connièr	-1	
, 10,111.		rinted or typed)	· · · · · · · · · · · · · · · · · · ·	
	10316 Su	instream!	LANC	
	_	Address		
Boca Maron, fr. 33429 City, State & Zip				
Daytime Telephone number				
		P.Hall 00	7 2 9 1997	

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

From:

FILED

ARTICLES OF INCORPORATION

97 OCT 28 M 10: 28

and the second section
The undersigned incorporator, for the purpose of forming a corporation under the FloridaECRETARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation. TALLAHASSEE, FLORIDA
ARTICLE I NAME The name of the corporation shall be: T. A.T. C. I.C.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: \[\(\)
1,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: ARTICLE V INCORPORATOR ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
John A. Consens 10312 Sunstream Care O Becan Rason, Fr. 33428
Signature/Incorporator Date

(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

Date