# P91000094322

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

300002335803--6 -11/03/97--01024--018 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	TROPIC OF	PERATIONS, I	NC.			
SUBJECT: TROPIC OPENATIONS, TAC.  (Proposed corporate name - must include suffix)						
Enclosed is an origin	al and one(1) copy of the articl	es of incorporation and a	check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	Filing Fee,			
		ADDITIONAL CO	PY REQUIRED			
FROM	:	BELL	······································			
	Name (P	ranted or typed)				
Suite 100 4317 CLEVELAND AVE  Address  FT. MYERS, FL 33901  City, State & Zip						

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

ne 11/4/97

# ARTICLES OF INCORPORATION

FILED

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

97 NOV -3 AM 10: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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The name of the corporation shall be:

TROPIC OPERATIONS, INC.

# ARTICLE II PRINCIPAL OFFICE

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

SUITE 100

4317 CLEVELAND AVE.

FT. MYERS, FL. 33901

# ARTICLE III SHARES

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

1000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MONICA BELL

SUITE 100

4317 LLEVELAND AVE

FT. MYENS, FL 33901

#### ARTICLE V INCORPORATOR

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

MONICA BEII SUITE 100

4317 CLEVELAND AVE.

FT. MYERS, PL 33901

(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

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