## POSOCITATION 535

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

\$70.00

700002403067--1 -01/16/98--01066--006 \*\*\*\*\*78.75 \*\*\*\*\*78.75

\$131.25

SUBJECT: Trilink Financial Services Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate					
		ADDITIONAL CO	PY REQUIRED					
FROM:		atch						
Name (Printed or typed)								
	4922 Samoa	v Circle	SE TAL					
		ddress	ECE ELL/					
	Orlando, F	7L. 32809	JAN 16	<u> </u>				
	City, S	State & Zip	int	H				
	407-S39-18	234	## ## ## ## ## ## ## ## ## ## ## ## ##					
	Daytime To	elephone number	· 5m 57					

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

## **ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	THE STATE OF THE S
ARTICLE I NAME  The name of the corporation shall be:  Trick Financial Services, Inc.	M 8 57

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	•			-					

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

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## SHARES

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

1,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

## INCORPORATOR

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

Signature/Incorporator

(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