FILED

98 JUN -2 AM 8: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT:		wled Tix.		
			2000025437 -06/02/9801 *****70.00	·128 022002 *****0.00
Enclosed is an original a	nd one(1) copy of the artic	cles of incorporation and a	check for :	
Ĵ∆ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM:	Name	(Printed or typed)		-
		Address		-
Mary Brown AUTHORIZATION BY E CORNECT COSPI DATE DOC WAM DO	HONE TO Daytimo		JUN - 2 1998	3
NO	TE: Please provide the	original and one copy of	f the articles.	

FILED

ARTICLES OF INCORPORATION

98 JUN -2 AM 8: 34

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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The name of the corporation shall be:

TRES CAIC LIMITED INC.

ARTICLE II PRINCIPAL OFFICE

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

1355 MARKET STREET

SUITE AID-1

TALLAHASSEE, FL 32312

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

R.H. BROWNIE 1021 DEHOLM DR

TALLAHASSEE, FL 32312

ARTICLE V INCORPORÁTOR

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

MARY LYIN BROWN 1021 DENHOLM DRIVE

TACCAHASSEE, FLORIDA 32312

(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