

098000049995



THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 842151 10939A
AUTHORIZATION :
COST LIMIT : \$

ORDER DATE : June 3, 1998
ORDER TIME : 11:27 AM
ORDER NO. : 842151-005
CUSTOMER NO: 10939A

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-06/03/98--01065--010
*****70.00 *****70.00

CUSTOMER: Tom Tighe, Esq
TUCKER & TIGHE, P.A.
Suite 505
800 East Broward Boulevard
Ft. Lauderdale, FL 33301

DOMESTIC FILING

NAME: TROPICAL ASSOCIATES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith
EXAMINER'S INITIALS:

2544
W98-12722

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN -3 AM 11:06

RECEIVED
98 JUN -3 PM 12:05
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN -3 AM 11:06

June 3, 1998

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: TROPICAL ASSOCIATES, INC.
Ref. Number: W98000012722

RESUBMIT

Please give original
submission date as file date.

We have received your document for TROPICAL ASSOCIATES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 598A00031337

RECEIVED
98 JUN -4 AM 10:00
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

TROPICAL ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN -3 AM 11:06

ARTICLE I - NAME AND ADDRESS

The name of this corporation shall be TROPICAL ASSOCIATES, INC., with its principal address and mailing address being 949 Isles Road, Boynton Beach, FL 33435.

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in any activity or business for which corporations may be incorporated under Chapter 607 of the Florida Statutes.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is Five Hundred (500) shares of common stock having a nominal or par value of one dollar (\$1.00) per share.

ARTICLE IV - REGISTERED AGENT AND REGISTERED OFFICE

The initial registered agent of this corporation shall be ALBERT RICCIO, 949 Isles Road, Boynton Beach, FL 33435.

ARTICLE V - DIRECTORS

The number of directors constituting the initial Board of Directors shall be two (2). The names and addresses of the directors serving on the initial Board of Directors are as follows:

<u>NAME</u>	<u>ADDRESS</u>
ALBERT RICCIO	949 Isles Road Boynton Beach, FL 33435
HOWARD MASSELLE	6644 S. Grande Drive Boca Raton, FL 33433

The number of directors may subsequently be changed by vote or unanimous written action of the Board of Directors.

ARTICLE VI - INCORPORATOR

The incorporator of these Articles of Incorporation is ALBERT RICCIO, 949 Isles Road, Boynton Beach, FL 33435.

I, the undersigned, being the original Incorporator of the foregoing corporation, do hereby certify that the foregoing constitutes the proposed Articles of Incorporation of TROPICAL ASSOCIATES, INC., and I hereby declare and certify that the facts herein stated are true.

Albert Riccio
ALBERT RICCIO

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN -3 AM 11:06

STATE OF FLORIDA :
COUNTY OF PALM BEACH : SS

The foregoing instrument was acknowledged before me this 29 day of May, 1998, by ALBERT RICCIO, who is (4) personally known to me OR who () did produce _____ as identification, and who did take an oath.

WITNESS my hand and official seal this 29 day of May, 1998.

Alfrieda F. Malone
NOTARY PUBLIC

My Commission Expires:

ALFRIEDA F. MALONE
Notary Public, State of Florida
My Commission Exp. NOV. 19, 2001
No. CC 689601

ACCEPTANCE BY REGISTERED AGENT

I, ALBERT RICCIO, designated as Registered Agent of TROPICAL ASSOCIATES, INC., in the Articles of Incorporation of said corporation, do hereby accept appointment as such at the registered office designated in Article IV.

Albert Riccio
ALBERT RICCIO, Registered Agent