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SPECIAL INSTRUCTIONS_

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I CORPORATE NAME

The name of the corporation shall be: TRINICK & Associates, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall b

TRINICK & Associates, INC. 4207 Bay to Bay Blvd Tampa, Hillsborough County, FL, 33629

ARTICLE III AUTHORIZED CAPITAL STOCK

The number of Common Stock which the corporation shall have authority to have outstanding at any one time are 50, and carry a par value of No Par Value.

ARTICLE IV INITIAL REGISTERED AGENT/OFFICE

The name of the corporation's initial registered agent is: Tommy L. Rinicker The mailing address of its initial agent is:

Tommy L. Rinicker 4207 Bay to Bay Blvd Tampa, Hillsborough County, FL, 33629

ARTICLE V INCORPORATORS

The name and street address of each incorporator to these Articles of Incorporation is:

Tommy L. Rinicker 4207 Bay to Bay Blvd Tampa, FL, 33629

The undersigned incorporator has executed these Articles of Incorporation this day of CENTEMBER _ 1998.

Signed Tommy L. Rinicker (INCORPORATOR)

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is TRINICK & Associates, INC..
- 2. The name of the corporation's initial registered agent is Tommy L. Rinicker and the mailing address of it's initial agent is

Tommy L. Rinicker 4207 Bay to Bay Blvd Tampa, Hillsborough County, FL, 33629

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 of Registered Agent

Date

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SECRETARY OF STATE
TAIL AHASSEE FISIALE