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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

Telephone Number

900002753589--8 -01/25/39--01104--010 \*\*\*\*\*122.50 \*\*\*\*\*\*78.75

Article	I enclose an original and copy(ies) of the es of Incorporation for the above corporation and a in the amount of \$ /2 2
From:	PATTI TO Stephens
•	Name 26 B Blue Water DR
	Ley West, H. 33040
	City (State Zip (305 145 - 8747

# Hell 28899

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

TROPICAL IMAGINATIONS, INC.

## ARTICLE I NAME

The name of the corporation shall be:

TROPICAL IMAGINATIONS, INC.

# ARTICLE II PRINCIPAL OFFICE

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

26-B BLUE WATER DR. KEY WEST, FL 33040

# ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is FIVE THOUSAND (5000). Such shares shall be of a single class and shall have NO par value.

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

PATTI JO STEPHENS 26-B BLUE WATER DR. KEY WEST, FL 33040

### ARTICLE V INCORPORATOR

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

PATTI JO STEPHENS 26-B BLUE WATER DR KEY WEST, FL 33040

### ARTICLE VI DIRECTORS

The corporation shall have TWO directors. The name and address of the initial directors of the corporation are:

PATTI JO STEPHENS 26-B BLUE WATER DR KEY WEST, FL 33040

EDDIE MORRIS 1616 ATLANTIC BLVD #11 KEY WEST, FL 33040

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

STERHENS, Incorporator

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### CERTIFICATE OF DESIGNATION

99 JAN 25 AM 8:55

REGISTERED AGENT/REGISTERED OFFICE SECTIONY OF STATE TALLAHASSEE, FLORIDA

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:

TROPICAL IMAGINATIONS, INC.

2. The name and address of the registered agent and office is:

PATTI JO STEPHENS 26-B BLUE WATER DR KEY WEST, FL 33040

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.