## Pagooola22/

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

30DJEC1	(Proposed co	orporate name - must include suffix)	·
		40000277 -02/18/99- *****78.7	9384: -01058016 '5 *****78.7!
Enclosed is an original ar	nd one(1) copy of the article	es of incorporation and a check for :	 <b></b>
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 □ \$131.25  Filing Fee Filing Fee, & Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED	
FROM:	ALEX MAR Name (Pr	rinted or typed)	99 FEB 18 M 9: 07
_	_	33/85-50/0 State & Zip	OF STATE
_	305 607 Daytime To	492Z elephone number	<b>.</b>

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.

ARTICLE I NAME

The name of the corporation shall be:

T.R.E. HOLDINGS, INC.

## ARTICLE II PRINCIPAL OFFICE

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

5527 SW 162 CT MIAMI, FL 33185-5016

ARTICLE III SHARES

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

100 SHARES"

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ALEX MARBAN 5527 SW 162 CT MIAMI, FL 33185-5010

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

ALEX MARBAN 5527 SWILZ CT MIAMI, FL 33185-5010

Signature/Incorporator

Date

(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

Date