Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314

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Tropical Builders Group, Inc.

(Proposed corporate name - must Exclude suffix)

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fe Certified & Certifi Status PY REQUI	ee, l Copy icate of		
FROM:		n, III	· .			=
	825 Maralyn Avenue,	•	•		•	
	•	Address				
	New Smyrna Beach, Fl	32169				
	City,	, State & Zip		ĀS	9.9	
	(904) 428-2228			L A	99 MAR	
	Daytime T	Telephone number		TASSEE FLORI	2-1 AM 9: 42	A All Frances & Company

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

The untlersigned 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:

Tropical Builders Group, Inc.

PRINCIPAL OFFICE ARTICLE II

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

825 Maralyn Avenue, Apt. A New Smyrna Beach, FL 32169

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

500

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

LONNIE E. GRIFFIN, III 825 Maralyn Avenue, Apt. A New Smyrna Beach, FL 32169

INCORPORATOR ARTICLE V

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

Lonnie E. Griffin, III 825 Maralyn Avenue, Apt. A New Smyrna Beach, FL 32169

Signature/Incorporator

(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 this certificate, I hereby accept the appointment as registered agent and agent the provisions of all statutes relating to the proper and complete performance of the provisions of all statutes relating to the proper and complete performance of the provisions of all statutes registered agent.	or the above stated corporation at the place designated in tree to act in this capacity. I further agree to comply with ance of my duties, and I am familiar with and accept the
obligations of my position as registered agent MMN WM AUM	

Signature/Registered Agent