

P99000051345

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN -3 AM 8:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

SUBJECT: TRI-STAR CELLULAR, INC.
(Proposed corporate name -must include suffix)

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES
OF INCORPORATION AND A CHECK FOR:

 \$70.00
filing fee

 \$78.75
filing fee
& certificate

 \$122.50
filing fee
& certified copy

☒ \$131.25
filing fee,
certified copy
& certificate

ck# 1342

FROM: LISA BRADNICK
Name (printed or typed)

5380 HUFFER AVE.
Address
ORLANDO, FL. 32812
City, State & Zip
407-482-3712
Daytime Telephone number

400002894184--3
-06/03/99--01071--001
****131.25 *****87.50

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

B. BROWN JUN - 8 1999

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:

TRI- STAR CELLULAR, INC.

ARTICLE II PRINCIPAL OFFICE

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

5380 HOFFNER AVE.
ORLANDO, FL 32812

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LISA A. BRADNICK
4607 ALRIK DR.
ORLANDO, FL 32839

ARTICLE V INCORPORATOR

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

DARREL WEST

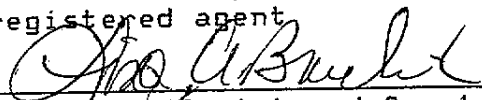
5380 HOFFNER AVE.
ORLANDO, FL 32812


Signature/Incorporator

6-1-99
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

6-1-99
Date