

TRANSMITTAL LETTER

P99000065826

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

SUBJECT: Turn Can. COM INC
(Proposed corporate name - must include suffix)

400002940954--3
-07/26/99--01062--023
*****87.50 *****87.50

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy
22

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Joanne Turner
Name (Printed or typed)

P.O. Box 700692
Address

St. Cloud, FL 34770-6922
City, State & Zip

407-957-4176
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUL 26 AM 11:27

APPROVED
AND
FILED

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 JUL 26 AM 11:04

RECEIVED

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

2/2/96

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:

TurnCan.Com, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3100 17th Street, Suite A; St. Cloud, FL 34769
P.O. Box 700692, St. Cloud, FL 34700-0692 (mailing)

ARTICLE III SHARES

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

100 (One Hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Joanne D. Turner
1201 Hancock Circle, St. Cloud, FL 34769

ARTICLE V INCORPORATOR

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

Joanne D. Turner
1201 Hancock Circle, ST. Cloud, FL 34769


Signature/Incorporator

7-26-99

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

7-26-99

Date

Verified fl. drivers license.
Michelle Johnson
michelle Johnson.



Michelle Johnson
MY COMMISSION # CC655970 EXPIRES
August 26, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUL 26 AM 11:27

APPROVED
AND
FILED