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99 NOV 12 AM 9: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

800003042858--7 -11/12/99--01086--002 *****78.75 *****78.75

SUBJECT:	Tropical Br	racelets rate name's must include suf	Inc.	
Enclosed is an origin	nal and one(1) copy of the article			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	So in mediporation and a second secon	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM	: Sherri L. G	escheidler inted or typed)		-ىيىن س
	3214 18th St.	W.		
	Lehigh Acres, City,	FL. 33971 State & Zip		, on more
	(941) 303-0 Daytime Te	1199 elephone number		

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

PH 11/15/55/

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	99 NOV 11 AM 9: 47
ARTICLE I NAME The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE, FLORID
Tropical Bracelets, I	-nc.

ARTICLE II PRINCIPAL OFFICE

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

3214 18th St. W. Lehigh Acres, FL. 33971

SHARES ARTICLE III

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

1,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sherri L. Gescheidler 3214 18th St. W. Lehigh Acres, FL. 33971

INCORPORATOR

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

Sherri L. Gescheidler 3214 18th St. W. Lehigh Acres, FL. 33971

(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

ignature/Registered Agent