

PO00000024380

TRANSMITTAL LETTER

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

SUBJECT: All Media For You.Com, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$87.50
Filing Fee, Certified Copy & Certificate of Satus

ADDIONAL COPY REQUIRED

FROM:
Name (Printed or typed) Matthew Buhovecky

Address: POB 531591

City, State & Zip: Livonia, Mi. 48153

Daytime Telephone number: 800/820-1934

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

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*****87.50 *****87.50

FILED
00 MAR -2 PM 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.C.
2000

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.

FILED
MAR -2 PM 12:02
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: All Media For You.Com, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Mailing Address:

Physical Address:

P.O. Box 1409
Venice, Fl. 34284-1409

5823 Cleveland Rd.
Venice, FL. 34293

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sherida Nez, 5823 Cleveland Rd., Venice, FL. 34293

ARTICLE V INCORPORATOR

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

Matthew Buhovecky, P.O. Box 531591, Livonia, Mi. 48153

Matthew Buhovecky
Signature/Incorporator

6/8/99
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

Sherida Nez
Signature/Registered Agent

6/8/99
Date