TRANSMITTAL LETTER

Determination for the Division of Corporations P. C. Box 6327

Tallahassee, FL 32314

			-07/01 <u>/02</u> 01040	
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SUBJECT: _	F1215	INC.	A CE LO ANDARON	10.10
	,	(PROPOSED CORPORATE NAME	MUCT INCLUDE OFFERE	

Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED

row: _	Name (Printed or typed)	.:
	403 FINCH Drive Address	DIVISION
	SATECLITE BOACH, FL 32937 City, State & Zip	N OF CORPA
	321-435-5305 w Daytime Telephone number	SPAIL

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



ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:  ESIZ, (№.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  403 FINCH Dr.  SATELLITE BEACH, FL 32937  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  SELLING DROP-SHIP GOODS ONLINE.	
ARTICLE IV SHARES  The number of shares of stock is:  (,000,000 ( MICCIDAL SHARES)	<u>.</u>
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  LOUIS M. KARC. PRESIDENT  40? FINELL Dr., SATELLITE BEACH, FL 32937  TULIAN A. CHAREZ IV, VICE PRESIDENT	***************************************
JULIAN A. CHEEZ IV, VICE PRESIDENT  38 EMERALO CT. SATELLITÉ BEACH, FL 32937  ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  LOUIS M. KARL  403 FINCH D.  SATELLITE BEACH, FL 32937  ARTICLE VII INCORPORATOR	SICKLIARY OF STATE OF CORPUCATION OF CORPUCATION OF CORPUCATION
The name and address of the Incorporator is:  Louis M. Kare  403 Finch Dr.  Satelite Beach, Fl 32937  ***********************************	t: ************************************
certificate, I am familiar wan and accept the appointment as registered agent and agree to act it	in this capacity
Signature/Registered Agent	Date

Date

Signature/Incorporator