

999000068141

TRANSMITTAL LETTER

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

SUBJECT: COUPONATION, INC.
(Proposed corporate name - must include suffix)

400002941684--5
-07/26/99--01139--004
*****78.75 *****78.75

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

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

ADDITIONAL COPY REQUIRED

FROM: CURTIS L. AZAMA
Name (Printed or typed)

500 BAMBOO HARBOR CT. #207
Address

ORLANDO, FL 32825
City, State & Zip

407-872-6633
Daytime Telephone number

99 JUL 26 AM 8:03
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

OK
8-2-99
2

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:
COUPONATION, INC.

Article II Principle Office

The principal place of business and mailing address of this corporation shall be:
500 Bamboo Harbor Court
Suite 207
Orlando, FL 32825

Article III Shares

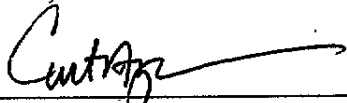
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000 shares of stock @ \$.001 par value

Article IV Initial Registered Agent and Street Address

The name of Florida street address of the initial registered agent are:
Curtis Azama
500 Bamboo Harbor Court
Suite 207
Orlando, FL 32825

Article V Incorporator

The name and address of the incorporator to these Articles of Incorporation are:
Curtis Azama
500 Bamboo Harbor Court
Suite 207
Orlando, FL 32825



Signature/Incorporator

7/21/99

Date

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 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

7/21/99

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA