

TRANSMITTAL LETTER

P990000098/28

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

400003036704--5
-11/05/99--01076--005
*****70.00 *****70.00

SUBJECT: Coupon Associates Incorporated
(Proposed corporate name - must include suffix)

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: Steven Jaffe
Name (Printed or typed)

660 Lake Dasha Circle
Address

Plantation, FL 33324
City, State & Zip

(954) 593-7144
Daytime Telephone number

RECEIVED
NOV 11 1999
11:39 PM
TALLAHASSEE, FLORIDA

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

ajc 11/8

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: Coupon Associates Incorporated

ARTICLE II PRINCIPAL OFFICE

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

660 Lake Dasha Circle
Plantation, FL 33324

ARTICLE III SHARES

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

1000 Shares of stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Steven Jaffe
660 Lake Dasha Circle
Plantation, FL 33324

ARTICLE V INCORPORATOR

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

Steven Jaffe
660 Lake Dasha Circle
Plantation, FL 33324



Signature/Incorporator

11/2/99

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

11/2/99

Date

RECORDED IN FLORIDA
COUPON-57111:39