# POQQQQ04117

e. OPT-IN NETWORKING

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

**SUBJECT:** 

000003093370--9 -01/10/00--01099--010 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

CORPORATION

	(Proposed corpo	orate name - must include suf	fix)	
Enclosed is an origina	al and one(1) copy of the article	les of incorporation and a	check for:	7
₩\$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		
FROM:	CHARLES Name (F	RAYNOR Printed or typed)		<b>.</b>
	21218 St. ANDREWS BLUD. SUITE 110			
	BOCA RATO	N, FL 33433 State & Zip	TALLAHA	0 JAN 00
	Daytima Talanhana number			3
	Daytinie i	eteptione number	OF STATE F. FLORIDA	55

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

# 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.

OO JAN 10 AM 11:55
TALLAHASSEE, FLORIDA

# ARTICLE I NAME

The name of the corporation shall be:

e. OPT-IN NETWORKING CORP.

# ARTICLE II PRINCIPAL OFFICE

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

21218 ST. ANDREWS BLVD. SUITE 110 BOCA RATON, FL 33433

# ARTICLE III SHARES

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

100 SHARES

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHARLES RAYNOR

21218 ST. ANDREWS BLVD. SUITE 110

BOCK RATON, FL 33433

# ARTICLE V INCORPORATOR

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

(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 Date