DODOOO14348 TRANSMITTAL LETTER

Department of State Division of Corporations P.O. BOX 6327 Tallahassee, Fl 32314

000003124630--9 -02/04/00--01085--006 *****78.75 *****78.75

SUBJECT:	MAILREFUNDS.COM INC.
	(proposed corporate name)
Enclosed is an original a check	and one (1) copy of the articles of incorporation and our
For \$78.75.	= Copy of the articles of incorporation and our

FROM:	CATALINA BERNAL
	Name (printed or typed)
	6203 SW 42 STREET .
	Address
	Miami Fl 33155 .
	City, State, & Zip
	305-662-4204
	Telephone Number

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION OF



MAILREFUNDS.COM INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MailRefunds.com Inc.

ARTICLE II PRINCIPLE OFFICE

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

6203 SW 42 Street Miami FL 33155

ARTICLE III SHARES

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

TEN THOUSAND (10,000) COMMON STOCK AT A \$1,00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

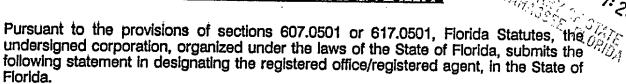
Catalina Bernal 6203 SW 42 Street Miami Fl 33155

ARTICLE V INCORPORATOR (S)

The name (s) and Incorporation is (are):		address	(es)	of the	Incorporator	(s) to	these	Articles	of
Andres Zuniga 6203 SW 42 Street Miami Fl 33155	<u>:</u>								
Catalina Bernal 6203 SW 42 Street Miami Fl 33155									
Antony Crucet 2865 Day Avenue Miami Fl 33133									
The undersigned inco this 1 da						Articles	of In	corporati	on
		CB	Signat	d		<u>.</u>			
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Articles of Incorporation Filling Fee- \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE



The name of the corporation is: MAILREFUNDS.COM. INC
The name and address of the registered agent and office is:
CATALINA BERNAL
(NAME)
62035W 42 STREET
(P.O. BOX NOT ACCEPTABLE)
MIAMI FL 33155.
(CITY/STATE/ZIP)

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	Bend
DATE 02/	101/2000

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