# PHH1016270

(Proposed corporate name must include suffix)

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

800003131488--5 --02/10/00--01090--016 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM	I: Toean Sever	od t & Scott Printed or typed)	Froyen

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

904- 281-0420

Daytime Telephone number

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#### ARTICLES OF INCORPORATION

#### **OF**

### **Business Catalyzer, Inc.**

#### TO THE SECRETARY OF STATE OF FLORIDA:

I, the undersigned, acting as incorporator of a corporation organized under Chapter 607 & 621 of the Florida Statutes, hereby adopt the following Articles of Incorporation for such corporation:

# ARTICLE I

The name of the corporation is Business Catalyzer, Inc.

#### ARTICLE II

The principle place of business and mailing address of the corporation is: 5210 Belfort Road Suite 110 Jacksonville, FL 32256 904-281-2248

Fax: 904-281-7721

#### ARTICLE III

The aggregate number of shares which the corporation shall have authority to issue is 1,000,000 shares without par value.

#### ARTICLE IV

The name and Florida address of the initial registered agent are: Dean Severidt 5210 Belfort Road Suite 110 Jacksonville, FL 32256



# ARTICLE V

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

Scott Froyen
5210 Belfort Road Suite 110

Jacksonville, Florida 32256

# ARTICLE VI

The effective date of the corporation shall be February 15, 2000.

Scalf A. Tuny 2-8-00
Signature/Incorporator 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 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 pf my position as registered agent

Signature/Registered Agent

Date