

TRANSMITTAL LETTER

P000000023117

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

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-02/29/00--01012--018
*****87.50 *****87.50

SUBJECT: Super Phone Internet Telephony Corp
(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: Agustin J. Pinto
Name (Printed or typed)

6121 SW 24 St
Address

Miami FL 33155
City, State & Zip

305-262-8870
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 FEB 28 AM 11:33

FILED

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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.

ARTICLE I NAME

The name of the corporation shall be:

SUPER PHONE INTERNET TELEPHONY CORP.

ARTICLE II PRINCIPAL OFFICE

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

**6595 NW 36 St Suite 320-B
Miami, FL 33166**

ARTICLE III SHARES

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

initially 100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**MINA DAVIDSON
6121 SW 24 St, Miami FL 33155**

ARTICLE V INCORPORATOR

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

**Agustin J. Pinto
6121 SW 24 St, Miami FL 33155**


Signature/Incorporator

02-24-00
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

02-24-00
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA