TRANSMITTAL LETTER

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323		4205	00 MAR -2 SECRETARY TALLAHASSES	AM 9: 18 OF STATE S. FLORIDA
SUBJECT:	WEBPARTNE) (Proposed corpo	RS. NET, INC rate name - must include suff	2 ,	<u>.</u> . <u></u>
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: ANTHONY M MCKNIGHT Name (Printed or typed) 600003155386-4				
	2711 NW 67	th St. Sutte ddress	<u>N</u> -03/02/000 ******78.75	1108007 <u> </u>
	GAINESUTILE City, S	FL 32609 State & Zip		• . :±± u±±;
ATION BY PHONE TO	352 - 33 AAVE Daytime Te	7 - 3753 lephone number		φ -

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:

WEBPARTNERS. NET,

ARTICLE II PRINCIPAL OFFICE

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

2711 NW 6TH STREET, Suite B

GATNESUILLE. FL 32609

<u>ARTI</u>CLE III SHARES

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

5,000,000 (FEVE MELLEON)

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

F. HAYES- MORRESON N.W. 78Th TERR. THOMAS

INCORPORATOR

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

MCK~IGHT

5400 NW 39+L AUE.

32606 GAINESUTLLE.

(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