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PLATINUM ADVISORY SERVICES, INC.

10800 Biscayne Boulevard, Suite 350 Miami, FL 33161

Tel: 305-893-1110 Fax: 305-893-1441

March 13, 2000

Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Re: Filing of Proposed Articles of Incorporation of myelectronic wallet, Inc.

Dear Division of Corporations:

Enclosed please find an original and one copy of proposed Articles of Incorporation of myelectronic wallet, Inc. and a check for \$87.50.

After the corporation is filed, please provide me with a certified copy of the Articles and a Certificate of Status.

Thank you.

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Very truly yours,

Platinum Advisory Services, Inc.

Stuart Posner Vice President

SP:m Enc: 3

OR 3/21

FILED

2000 MAR 14 PM 4: 23

ARTICLES OF INCORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

myelectronicwallet, INC.

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 myelectronic wallet, Inc.

ARTICLE II-PRINCIPAL OFFICE

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

10800 Biscayne Blvd., Suite 350 Miami, FL 33161

ARTICLE III-SHARES

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

One Thousand (1,000) shares

ARTICLE IV-INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Stuart Posner 10800 Biscayne Blvd., Suite 350 Miami, FL 33161

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ARTICLE V-INCORPORATOR

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Stuart Posner

10800 Biscayne Blvd., Suite 320

Miami, FL 33161

Signature of Incorporator

1 Jours 13 3000

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 proper performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

Date