PHOODOOD SERVICES, INC. PLATINUM ADVISORY SERVICES, INC.

10800 Biscayne Boulevard, Suite 350 Miami, FL 33161

> Tel: 305-893-1110 Fax: 305-893-1441 March 16, 2000

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

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

Dear Division of Corporations:

Enclosed please find an original and one copy of proposed Articles of Incorporation of myelectronicwallet.com, 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.

Very truly yours,

Platinum Advisory Services, Inc.

Stuart Posner Vice President

SP:m Enc: 3 FILED MID: 36
SECRETARY OF STATE
SECRETARY OF STATE



ARTICLES OF INCORPORATION

<u>OF</u>

myelectronicwallet.com, INC.

ON THE STATE OF STATE

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.com, 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

ARTICLE V-INCORPORATOR

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

Stuart Posner 10800 Biscayne Blvd., Suite 320 Miami, FL 33161

Signature of Incorporator

Janer 16, 9000

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