00 APR 21 AM 9: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

900003218819--6 -04/21/00--01093--010 ******78.75 ******78.75

	(F	Proposed corporate	name - must include su	iffix)			
Enclos for :	sed is an original \$70.00 Filing Fee	I and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a check		
	FROM:	Name	For Rent (printed or typed) New Fort	_	j		
		, , ,					
	Lake Mary FL 32746						
			y, State & Zip				
	407-808-7004						
		Daytime	Telephone number				

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

Pa 4/25/00/

ARTICLES OF INCORPORATION

FILED

00 APR 21 AM 9: 42

SEURETARY OF STATE

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida, Business EE, FLORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

(800)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

The above nomed in corporator is the Sole director of this corporation and is also the President Secretary and Treasurer.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: Bit For Rent Inc.	,	
2.	The name and address of the registered agent and office is: The name and address of the registered agent and office is: The name and address of the registered agent address of the registered agent agent agent agent agent agent agent agent agen	00 APR 21 AM 9: 43	LED
	(CITY/STATE/ZIP)		

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) 4-20-00 (DATE)