

TRANSMITTAL LETTER

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

FILED
00 MAY -3 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: 2 WEAR 2 NIGHT INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003237905--4
-05/03/00--01115--004
\$78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for \$78.75

☐ \$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: SANDRA O'CONNOR
Name (Printed or typed)

1042 WEST JASMINE AVE
Address

NORTH LAUDERDALE, FL 33068
City, State & Zip

954-973-8269
Daytime Telephone number

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

S. Thompson MAY 04 2000

ARTICLES OF INCORPORATION

The undersigned, acting as Incorporator of a corporation pursuant to chapter 617, Florida Statutes, adopts the following Articles of Incorporation:

ARTICLE I The name of the corporation shall be:

2 Wear 2 Night, Inc.

ARTICLE II The mailing address of this corporation shall be:

**1042 West Jasmine Lane
North Lauderdale, FL 33068**

ARTICLE III The specific purposes for which the corporation is organized is:

Exclusively for profit from internet services.

ARTICLE IV The number of shares of stock is:

100,000 for \$0.05 each

ARTICLE V The name and the street address of the initial officers/directors:

**PRESIDENT
Jack O'Connor
1042 West Jasmine Lane
North Lauderdale, FL 33068**

ARTICLE VI The name and the street address of the initial registered agent is:

**Sandra O'Connor
1042 West Jasmine Lane
North Lauderdale, FL 33068**

ARTICLE VII The name and the street address of the Incorporator are:

**Jack O'Connor
1042 West Jasmine Lane
North Lauderdale, FL 33068**

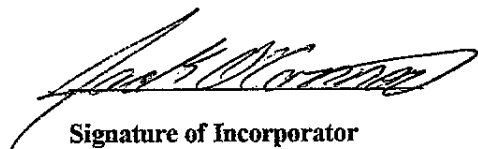
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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 of Registered Agent

5/01/00

Date



Signature of Incorporator

5/1/00

Date

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TALLAHASSEE FLORIDA