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TRANSMITTAL LETTER

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

800003282428--8
-06/09/00--01051--009
*****78.75 *****78.75

Ego Clip Inc.

SUBJECT: _____
(Proposed corporate name - must include suffix)

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

$70.00 Filing Fee	$78.75 Filing Fee & Certificate	$122.50 Filing Fee & Certified Copy	$131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FILED
00 JUN -9 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM:

Name (Printed or typed)	**Donna Holman**
Address	**909 Roderigo Avenue**
City, State & Zip	**Coral Gables FL 33134**
Daytime Telephone number	**305-445-3122**

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

T. Burch JUN 15 2000

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: Ego Clip Inc.

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ARTICLE II PRINCIPAL OFFICE

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

909 Roderigo Ave.
Coral Gables FL 33134

ARTICLE III SHARES

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

1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Donna Holman
909 Roderigo Ave.
Coral Gables FL 33134

ARTICLE V INCORPORATOR

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

Donna Holman
909 Roderigo Ave.
Coral Gables FL 33134

Donna Holman — 6-6-2000

Signature/Incorporator — **Date**

(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

Donna Holman — 6-6-2000

Signature/Registered Agent — **Date**