

TRANSMITTAL LETTER

P00000063636

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

600003307626--0

-06/28/00--01057--010

SUBJECT:

Ineedapaycheck.com, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\*\*\$7.50

\*\*\*\*\*\$7.50

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Sandra M. Houghton

Name (Printed or typed)

4430 Ashton Rd., Suite D

Address

Sarasota, FL 34233

City, State & Zip

(941) 931-9180

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUN 28 AM 9:25

FILED

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

J. Burch

JUN 30 2000

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

*Ineedapaycheck.com, Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*4430 Ashton Rd., SUITE D  
Sarasota, FL. 34233*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Merging (2) individual entities into one corporate entity.*

## ARTICLE IV SHARES

The number of shares of stock is:

*1000*

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*SANDRA M. HOUGHTON, PRESIDENT  
WARREN A. BRITTINGHAM, JR., C.E.O. (CHIEF EXECUTIVE OFFICER)*

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*SANDRA M. HOUGHTON  
4430 ASHTON RD, SUITE D  
SARASOTA, FL. 34233*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*SANDRA M. HOUGHTON  
4430 ASHTON RD, SUITE D  
SARASOTA FL. 34233*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Sandra M. Houghton*  
\_\_\_\_\_  
Signature/Registered Agent

*6/22/2000*  
\_\_\_\_\_  
Date

*Sandra M. Houghton*  
\_\_\_\_\_  
Signature/Incorporator

*6/22/2000*  
\_\_\_\_\_  
Date

FILED  
00 JUN 28 AM 9:25  
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TALLAHASSEE, FLORIDA