POOCH 1815

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

700903353517--1 *****78.75 *****78.75

SUBJECT:	THE SUTTFUET		
	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed is an origin	nal and one(1) copy of the art	cicles of incorporation and a	a check for :
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM	: DAVID TE H	14×ルモロー Bマッ	DUE.
	APT 9 NOTTH	Address	OO AI SECH TALLA
	HOILY WOOD BEF	Address ACH Fluni Da 3 ity, State & Zip	UG II AN NETARY OF AN ASSEE
	C() 0.0		

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

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	The second of th
ARTICLE I NAME	FILED
The name of the corporation shall be:	Line Care Serve
THE SURFNET CORPORATION	00 AUG 11 AM 7: 22
	SECRETION AND 7: 22
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: PO BOX 220871 HOUY WOOD FO 77027	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE III PURPOSE	•
The purpose for which the corporation is organized is:	
INTERVET CAFE & SERVICES	
ARTICLE IV SHARES The number of shares of stock is:	
1 0 WN 100% OF STOCK	ı
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional	<u>)</u>
The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
DAVID TO MAXWELL - BRYCE =	
APT 9 1815 NORTH OCEAN DR	HOLLY WOOD BEACH FL 33019
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
DAVID TO MAXWELL - JRYCE APT 9 1815 NORTH OCEAN DR HO	11 y wood BEACH FL 33019
**************************************	ove stated corporation at the place designated in this
cerujucue, 1 am jamuar wan ana accept are appointment as registered agent	8 8 700 0
G: 47 /D :	Date 2000
Signature/Registered Agent	Date
	8 8 5000
Signature/Incornorator	Date