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TRANSMITTAL LETTER

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

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	roposed corporate r	name' - must include su	,	ASSE C	.00 OCT	FLED
Enclosed is an original for: \$70.00 Filling Fee CR 288585679 FROM:	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	a chonida	2:141	
	10310 Mian Cit	(printed or typed) Address y, State & Zip Telephone number	99 3ha 33157 7557	zet		



Mr. Carlos M Betancourt 10310 SW 199th St Miami, FL 33157-8509

F. CHESSER

OCT 2 4 2000

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

OCT 23 PM 2:

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

ARTICLE I

The name of this Corporation is: More Pay Days Inc.

ARTICLE II

The address of the principal office, and mailing address, is: 10310 South West 199th Street, Miami, Florida, 33157

ARTICLE III

This Corporation is authorized to issue ONE HUNDRED (100) SHARES of \$1.00 par value, common stock, which shall be designated "COMMON SHARES".

ARTICLE IV

Initial registered agent, and street address, is Carlos Betancourt, 10310 S.W. 199th Street, Miami, Florida, 33157

ARTICLE V

The name and street address of the incorporator to these articles is: Carlos Betancourt, 10310 S.W. 199th Street, Miami, Florida, 33157

The undersigned incorporator/s have executed these articles of Incorporation this // day of **Getobest* of the year 2000

Signature

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:	More Pay Days I	<u> </u>
1031	istered agent and office is: Set Avcourt (NAME) O Sew 19954reet Box or Mail Drop Box NOT ACCEPTABLE) (CITY/STATE/ZIP)	DO OCT 23 PM 2: 41 SECHETARY OF STATE TALLAHASSEE, FLORIDA

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)

(DATE)