

TRANSMITTAL LETTER

PO0000103148

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

500003439635--3  
-10/25/00--01093--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Liquidsquare Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

FROM: Susan Heeren-Moleiro  
Name (Printed or typed)

P.O. Box 1014  
Address

Boca Raton, FL 33429  
City, State & Zip

(561) 251-6922  
Daytime Telephone number

FILED  
 00 NOV -2 PM 3:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

*Feb 11/2*

W-25915



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 27, 2000

SUSAN HEEREN-MOLEIRO  
PO BOX 1014  
BOCA RATON, FL 33429

SUBJECT: LIQUIDSQUARE INC.  
Ref. Number: W00000025915

We have received your document for LIQUIDSQUARE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock  
Document Specialist

Letter Number: 200A00056158

Susan -

561-251-6922

**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:

Liquidsquare Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P.O. Box 1014, Boca Raton, FL, 33429. / ~~20305 Monteverdi Cir.~~  
~~Boca Raton, FL 33498~~

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Susan Heeren-Moleiro  
20305 Monteverdi Circle  
Boca Raton, FL 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan Heeren-Moleiro  
20305 Monteverdi Circle  
Boca Raton, FL 33498

\*\*\*\*\*  
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



Signature/Registered Agent

10-20-2000

Date



Signature/Incorporator

10-20-2000

Date