TRANSMITTAL LETTER

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## P00000/06643

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

SUBJECT:	lega Swap, Ir	nC.	-11/13/00C	1112022
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	<b>ude sweelx</b> )78.75	*****78.
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	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		9
FROM: _	Mega Swap	TNC inted or typed)	CAHASS	NOW 13
	P.O. Box	27276 ddress	( 0) 5 TA	0 :21 H
	EL Jobean City,	OFL. 35 State & Zip	39 <u>a7</u>	<b>-</b>
	941 – 69 Daytime Te	8-1002 elephone number	· .	
N	OTE: Please provide the ori	iginal and one copy of	the articles	?

ARTICEES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
MegaSwap, Inc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  P.D. BOL 27276  EL Jobean, FL. 33927  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Internet Services
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):
Bryan J. Sheckler President Monica A Sheckler Secretary
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
Bryan J. Sheckly 3412 YARROW St. Port Charlotte, Fl. 33981 ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Monica A. Sheckler 3412 YARROW St. Port Charloth, FL. 33981
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certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  [1/8/00]
No area of the control of the contro

Signature/Incorporator

| Constitute | Const