

TRANSMITTAL LETTER

P00000108389

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

SUBJECT:

MyWay.Com Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

00 NOV 17 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

KATHRYN DOCKER

Name (Printed or typed)

23111 SW 54th AVE

Address

600003472356--3
-11/21/00--01040--007
*****87.50 *****87.50

BOCA RATON, FL. 33433

City, State & Zip

561-302-0713 / 561-852-4453

Daytime Telephone number

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

gj 11/21

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:

My Way. Com Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

947 NE 62ND ST.
FT. LAUDERDALE, FL. 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KATHRYN POCKER C.E.O.
23111 S.W. 54TH AVE
BOCA RATON, FL. 33433

ADAM POCKER TREASURER
23111 S.W. 54TH AVE
BOCA RATON, FL. 33433

ARTICLE VI REGISTERED AGENT

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

KATHRYN POCKER
23111 S.W. 54TH AVE
BOCA RATON, FL. 33433


KATHRYN POCKER

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

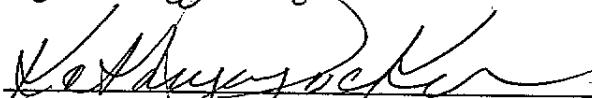
KATHRYN POCKER
23111 SW 54TH AVE
BOCA RATON, FL. 33433


KATHRYN POCKER

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

11/13/00
Date


Signature/Incorporator

11/13/00
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA