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Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	JAN 1 7	2800
		Examiner's Initials	

CR2E031(7/97)

# ARTICLES OF INCORPORATION

OF

MILLENNIUM	GATEWAY	INC.

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

#### ARTICLE I NAME

The name of the corporation shall be:

MILLENNIUM GATEWAY INC.

# SECRETARY OF STATE

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1000 LEE BLVD, LEHIGH ACRES, FL 33936

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

THIS CORPORATION IS AUTHORIZED TO ISSUE TWELVE MILLION SHARES(12,000,000.) OF COMMON STOCK, \$0.0001 PAR VALUE PER SHARE.

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DR.M.C.HAMILTON
1000 LEE BLVD.,
LEHICH ACRES,FL 33936

TLED

# ARTICLE V INCORPORATOR(S)

The name(s) a tion is(are):	nd street addre DR.M.C.HAMI 1000 LEE BL	LTON	corporator(s) t	o these Artic	des of Incorpor	<b>'8-</b>
	LEHIGH ACRE	S,FL 33936	÷		·	<u>.</u>
						•
The undersign	ed has(have) ex	ecuted these A	rticles of Incor	poration this	<b>;</b>	
155	day of	JANUARY	., 2	2001		 Sasan wa
		Man	MDV/II Signature/Ti	ile ;	medell.	
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# CERTIFICATE OF DESIGNATION 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: MILLENNIUM GATEWAY INC.	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		-
The name and address of the registered agent and office is:	a negati di Salaman Salaman yang kerapatan ya mbakar		
DRM.C.HAMILTON	33⊈	0	
(NAME)	AHA	N	-
1000 LEE BLVD.,	<u>\$</u>	<u> </u>	1
(P.C. BOX <u>NOT</u> ACCEPTABLE)	OF SI	PM 2:	
LEHIGH ACRES, FL 33936			
(CITY/STATE/ZIP)	>•	9	
MAILING ADDRESS: P.O.BOX 1143			٠.
LEHIGH ACRES, FL 33970			
SIGNATURE AMAGENTATION OF TITLE THE STATE OF			
DATE	***************************************	-	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT S PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESTHIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTER AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLIPROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPONENCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT TO TIONS OF MY POSITION AS REGISTERED AGENT.	IGNATEI RED AGI Y WITH ' PLETE F	D IN ENT THE PER-	

REGISTERED AGENT FILING FEE: \$35.00