

TRANSMITTAL LETTER

P01000009874

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

SUBJECT: Business Webs & Computer Support Services, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700003581817--1  
-01/26/01--01104--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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: DAVID HAIRSTON  
Name (Printed or typed)

3536 University Blvd N. #262  
Address

Jacksonville Florida 32277  
City, State & Zip

904-744-8645  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN 26 AM 10:43

APPROVED  
AND  
FILED

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

RECEIVED  
01 JAN 26 AM 10:37  
DIVISION OF CORPORATIONS

**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: *Business Webs & Computer Support Services, Inc*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:  
*3536 University Blvd # 262 Jacksonville, FL 32277*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: *200,000*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

APPROVED  
AND  
FILED  
01 JAN 26 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

*DAVID HAIRSTON  
3536 UNIVERSITY BLVD N. # 262  
JACKSONVILLE FL 32277*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*DAVID HAIRSTON  
3536 UNIVERSITY BLVD N. # 262  
JACKSONVILLE FL 32277*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*1/26/2007*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*1/26/2007*  
\_\_\_\_\_  
Date