

PO1000015023
JEFFREY MARK SHERMAN

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Admitted Florida and New York

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TRANSMITTAL LETTER

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

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-02/07/01--01088--014
*****78.75 *****78.75

SUBJECT: E SPACES, INC.

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

O \$70.00

~~O~~ \$78.75

O \$122.50

O \$131.25

Filing Fee

Filing Fee & Certificate

Filing Fee
& Certified Copy

Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jeffrey Sherman
810 63rd Avenue N.
St. Petersburg, FL 33702
(727) 520-8888

FILED
01 FEB - 7 AM 9: 29
SECRETARY OF STATE
TALLAHASSEE, FL 32314

NOTE: Please provide the original and one copy of the ARTICLES OF INCORPORATION

LeB
2/9

(2)

ARTICLES OF INCORPORATION
E SPACES, INC.

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

ARTICLE I NAME

The name of the corporation shall be: E SPACES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 810 63rd Avenue N., St. Petersburg, Fl. 33702.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

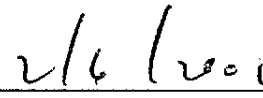
The name and Florida street address of the initial registered agent are: JEFFREY SHERMAN, 810 63rd Avenue N., St. Petersburg, FL 33702

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: JEFFREY SHERMAN, 810 63rd Avenue N., St. Petersburg, FL 33702



Signature/Incorporator

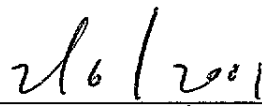


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations the obligations of my position as registered agent



Signature/Registered Agent



Date

FILED
01 FEB - 7 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA