Department Of State Division of Corporations
P. O. Box 6327 FILED

01 FEB 12 AM 9: 07

Tallahassee, FL 32.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
SUBJECT:	Theome 24/7 Inc. (Proposed Corporate name - Must include Suffix)
Enclosed is an origi	nal and one (1) copy of the articles of incorporation and a check for:
\$70.00	Filing Fee
\$78.75	Filing Fee and Certificate of Status
<u>\$78.75</u>	Filing Fee and Certified Copy* Filing Fee and Certified Copy* *****78.75
\$87.50	Filing Fee, Certified Copy and Certificate of Status*
*ADDITIO	NAL COPY REQUIRED
FROM:	
Everet U Name (Print	
572 Gre Address	en Springs Place
West Palm City, State as	Blach, PC 33409 and Zip Code
501 - 471- Daytime Pho	ne Number

NOTE: Please provide the original and one (1) copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Flo	orida FILED
Business Corporation Act, hereby adopts the following Articles of Incorporation.	01 FEB 12 AM 9:07
ARTICLE 1 - NAME The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Income 24/7, Inc.	٠.
ARTICLE II - PRINCIPAL OFFICE The principal place of business and mailing address of this corporation of the principal place of the Springs Place West Pour Blace, FC 33409	shall be:
ARTICLE III - SHARES The number of shares of stock that this corporation is authorized to have is:	e outstanding at any one time
ARTICLE IV - INITIAL REGISTERED AGENT AND STREET A The name and Florida street address of the initial registered agent are: EVERTH Wheatley 572 Green Springs Place West Palm Beach, PC 33409	ADDRESS .
ARTICLE V-INCORPORATOR The name and address of the incorporator to these Articles of Incorpor EVERET Wheatley 572 Green Springs Place West Palm Black, PC 33409 Lett Westley	2/8/01
*An additional article must be added if an effective date is requested.)	Date
Having been named as registered agent and to accept service of process for the above stated corporation hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to correlating to the proper and complete performance of my duties, and I am familiar with and accept the oblig	mply with the provisions of all statutes
Signature/Registered Agent	Date :