

TRANSMITTAL LETTER

P01000061506

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

SUBJECT: BizinterNet, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000004425330--0  
-06/18/01--01121--024  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Michael Murray  
Name (Printed or typed)

7887 Bryan Dairy Rd., Suite 140  
Address

Largo, FL 33777  
City, State & Zip

(727) 548-9594  
Daytime Telephone number

FILED  
01 JUN 18 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

T. Buroh JUN 20 2001

**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:

*Bizinter Net, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*7887 Bryan Dairy Rd., Suite 140  
Largo, FL 33777*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Sales organization*

ARTICLE IV SHARES

The number of shares of stock is:

*100*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*Michael Murray  
7887 Bryan Dairy Rd., Suite 140  
Largo, FL 33777*

*Jonathan Leyland  
143 Draycott Rd.  
Sawley  
Long Eaton  
Nottingham, U K NG10 3BX*

ARTICLE VI REGISTERED AGENT

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

*Michael Murray  
7887 Bryan Dairy Rd., Suite 140  
Largo, FL 33777*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Michael Murray  
7887 Bryan Dairy Rd., Suite 140  
Largo, FL 33777*

\*\*\*\*\*

*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*

*Michael Murray*  
\_\_\_\_\_  
Signature/Registered Agent

*6/15/2001*  
\_\_\_\_\_  
Date

*Michael Murray*  
\_\_\_\_\_  
Signature/Incorporator

*6/15/2001*  
\_\_\_\_\_  
Date

FILED  
01 JUN 18 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA