## POIOOOS State TRANSMITTAL LETTER Department of State

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

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SUBJECT: E	CUROGLOBE INT		/// C UDE SUFFIX) 30004!	—— 596698 <u>—</u> 5
		~	-08/15/	/0101073005 87.50 *****87.50
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	·	21100
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate Status	of
FROM:	COLIN CAU	/E Printed or typed)		
-	507 TIMBE	R RIDGE	DRIVE	
-	LONGWOOD City, S	FLORINA State & Zip	32779	,
-	407 865 Daytime Te	2 - 4222 dephone number		01 AUG 15 AI SECRETAKY OF

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

T. Buron AUG 2 0 200

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:	
EUROGLOBE INITERNATIONAL INC	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  507 TIMBER RIDGE PRIVE  LONG WOOD FLORIDA 32779  ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
INTERNATIONAL TELECOMMUNICATIONS AND PHARMACEUTIC	
ARTICLE IV SHARES The number of shares of stock is: /00,000	•
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
COLIN CAVE  507 TIMBER RIDGE DRIVE  LONG WOOD FLORIDA 30779  ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
COLIN CAVE	
507 TIMBER RIDGE DRIVE	
LONGWOOD FLORIDA 32779	
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/Registered Agent   Date	
Signature/Incorporator  Signature/Incorporator  Signature/Incorporator	