

TRANSMITTAL LETTER

P01000081919

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

SUBJECT: HADDISAH LINK TELECOMMUNICATION, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000004540690--T  
-08/17/01--01087--007  
\*\*\*\*\*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: OLANREWAJU GRACE NNABUCHI  
Name (Printed or typed)

6608 NW 2TH AVE., SUITE A-4  
Address

MIAMI, FL 33147  
City, State & Zip

(305) 691-0855  
Daytime Telephone number

01 AUG 17 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

T. Burah AUG 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:

HADDISAH LINK TELECOMMUNICATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6600 NW 27TH AVE.; SUITE A-4  
MIAMI, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TELECOMMUNICATION BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

7,500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

OLANREWAJU GRACE NNABUCHI  
6600 NW 27TH AVE., SUITE A-4  
MIAMI, FL 33147

ARTICLE VI REGISTERED AGENT

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

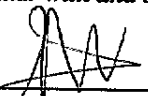
OLANREWAJU GRACE NNABUCHI  
6600 NW 27TH AVE., SUITE A-4, MIAMI, FL 33147

ARTICLE VII INCORPORATOR

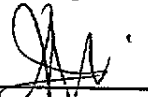
The name and address of the Incorporator is:

OLANREWAJU GRACE NNABUCHI  
6600 NW 27TH AVE., SUITE A-4, MIAMI, FL 33147

\*\*\*\*\*  
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

8/16/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8/16/01  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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