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TALLAHASSEE, FLORIOA

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 09-24-01

NAME: DIGITAL E CARD, INC.

TYPE OF FILING: CORPORATE

COST:

RETURN: CERTIFIED COPY AND GOOD STANDING

ACCOUNT: FCA00000015

AUTHORIZATION: ABBILIPAUL HODGE

800004607688--3 -09/24/01--01002--007 *****78.75 *****78.75

DIVISION OF CORPORATION

J. BRYAN SEP 2 4 2001

ARTICLES OF INCORPORATION

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:

Digital E Card, Inc.

ARTICLE II _ PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1481 NW 194th Street Miami, Fl. 33169

<u>ARTICL</u>E III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5,000,000 shares

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are:

Samuel Marshall

1481 NW 194th Street

Miami, Fl. 33169

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

Samuel Marshall

1481 NW 194th Street

Miami, Fl. 33169

(An additional article must be added if an effective date is requested.)

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 the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

9-24-01 Date

CONTROL MILOS

ARTICLE VI TERM OF EXISTENCE
This corporation shall be in perpetual existence. The effective date of this Corporation shall be the date of its registration with the Secretary of State.