P01000101865

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000107572 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number : 119990000058 Phone : (954)753-6042 Fax Number : (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

BUSINESS & PERSONAL ACTIVITIES ON LINE, INC.

Certificate of Status	1
Certified Copy	70
Page Count	(05)
Estimated Charge	\$78.75

O1 OCT 22 M 9: 42
SESSEE OF STATE
AND SESSEE OF STATE
ON THE STATE OF STATE
OF STATE
OF STATE OF STATE
OF STATE OF STATE
OF STATE OF STATE
OF STATE
OF STATE OF STATE
OF STATE OF STATE
OF STATE OF STATE
OF STATE
OF STATE OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE

& McKnight OCT 2 2 2001

ARTICLES OF INCORPORATION OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be:
Business & Personal Activities On Line, Inc.

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

1445 NW 6th Avenue Pt. Lauderdale, FL 33311

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 9690 W. Sample Road SUITE 202 CORAL SPRINGS, FL 33065 (954)753-2222 H010001075729

01 OCT 22 MM 9: 42

ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Maudy Brown
1445 NW 6th Avenue
Ft. Lauderdale, FL 33311

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

Maudy Brown
1445 NW 6th Avenue

Ft. Lauderdale, FL 33311

H010001075729

The undersigned has executed these Articles of Incorporation. This 17th day of October.

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

1. The name of the corporation is: Business & Personal Activities On Line, Inc.

2. The name and address of the registered agent Maudy Brown 1445 NW 6th Avenue Ft. Lauderdale, Fl 33311

signature: Mandy / Prown

H010001075729

Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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: Maudy Brown

Date: 10/ / 0/

H010001075729