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TRANSMITTAL LETTER

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02 FEB 25 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

200005001342--2  
-02/25/02--01080--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: MILKMAN TATTOOS, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$ 78.75

Filing Fee &  
Certificate

FROM: STEVEN CORNICELLI  
Name (printed or typed)  
7524 MAHAFFEY DR.  
Address  
NEW PORT RICHEY, FL 34653  
City, State & Zip  
(727) 815-1193  
Daytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MILKMAN TATTOOS, INC.

ARTICLE II PRINCIPAL OFFICE

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

7524 MAHAFFEY DR.  
NEW PORT RICHEY, FL 34653

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STEVEN CORNICELLI  
7524 MAHAFFEY DR.  
NEW PORT RICHEY, FL 34653

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

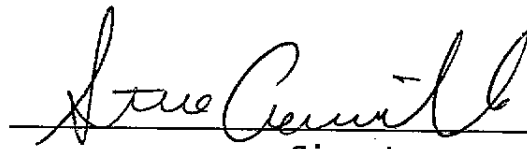
STEVEN CORNICELLI  
7524 MAHAFFEY DR.  
NEW PORT RICHEY, FL 34653

ARTICLE VI INITIAL OFFICER(S) AND DIRECTOR(S)

STEVEN CORNICELLI DIRECTOR, PRESIDENT, V.P., SEC., TREAS.  
7524 MAHAFFEY DR.  
NEW PORT RICHEY, FL 34653

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 TH day of FEBRUARY 20 02.

  
\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MILKMAN TATTOOS, INC.
2. The name and address of the registered agent and office is:

STEVEN CORNICELLI  
(Name)

7524 MAHAFFEY DR.  
(P.O. Box not acceptable)

NEW PORT RICHEY, FL 34653  
(City/State/Zip)

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

2/22/02  
Date