P02000	14677

(F	Requestor's Name)	
A)	ddress)	
(A	ddress)	<u></u>
(C	ity/State/Zip/Phone	<i>#</i>)
	WAIT	MAIL
(В	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	

i.



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TRANSMITTAL LETTER

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

SUBJECT: CLUDE SUFFIX)

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

2 \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Philip F. Mondello Name (Printed or typed) FROM: 14206 Manatee Springs Road Onhando, FLONIda 32828 City, State & Zip 407. 509. 2185 Daytime Telephone number

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

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:

Power Cards Inc.

, c**a** .

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 14206 Manatee Springs Road Orlando Florida 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful busisess

ARTICLE IV SHARES

The number of shares of stock is: Seven Thousand Five Hundred (7,500)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): Philip F. Mondello 14206 Manatee Springs Road Orlando Florida 32828

ARTICLE VI REGISTERED AGENT

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

Philip F. Mondello 14206 Manatee Springs Road Orlando Florida 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Philip F. Mondello 14206 Manatee Springs Road Orlando Florida 32828

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

Signafure/Registered Agent

Signature/Incorporator

FILED 02 0CT 23 PM 3: 44 SECRETARY OF STATE TALLAHASSEE. FLORIDA

<u>10-24-82</u> Date

<u>/0-2/-02</u> Date