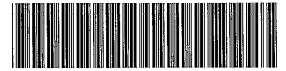
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TRANSMITTAL LETTER

4

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Phaze One, Inc.
(Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78,75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Orlando Vazavez
Name (Printed or typed) Talla hassee, FL 32301 City, State & Zip

(750) 681-6711

Davtime Telephone number

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.

FILED 03 APR 10 PM 1:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

	3.9
ARTICLE I NAME	

The name of the corporation shall be:

PHAZE ONEINC

PRINCIPAL OFFICE ARTICLE II

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

439-C W. GAINES ST TAILAHASSEEIFI 32301

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

000*l*

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHAMPA WHITCHER 439-CW. GATUESCT.

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

(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