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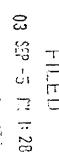
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Considerations to Filips Officers				
Special Instructions to Filing Officer:				





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TRANSMITTAL LETTER

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

SUBJECT:MEG	SAPREPAID, INC.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	uppisuranx)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	2 \$87,50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
i mig i oc	& Certificate of Status	& Certified Copy	Certified Copy
	C Commond of States	a continuo copy	& Certificate of
			Status
		ADDITIONAL CO	
		ADDITIONAL CO	H I REQUIRED
FROM: A	bdelhamid Dghirni		
<u> </u>	Name	e (Printed or typed)	
	4980 Eaglesmere Dr # 10	33	
	1000 203.00	Address	" "
		1 2000 0000	
	Orlando, FL 32819		
	City	, State & Zip	
	407-248-2449		
		7.1	<u> </u>
	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: MEGAPREPAID, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4980 EAGLESMERE DR # 1033 ORLANDO, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
"TO ANY AND ALL LAWFULL BUSINESS"

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Abdessamad Hajjouchi President 4980 Eaglesmere Dr # 1033 Orlando, FL 32819

Abdelhamid Dghirni Vice President 4980 Eaglesmere Dr # 1033 Orlando, FL 32819

ARTICLE VI REGISTERED AGENT

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

Abdelhamid Dghírní 4980 Eaglesmere Dr # 1033 Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Abdessamad Hajjouchí 4980 Eaglesmere Dr # 1033 Orlando, FL 32819

******************	*****************
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered agent.	the above stated corporation at the place designated in this gent and agree to act in this capacity
Da Dan	8/26/03
Signature/Registered Agent	Date
Hati A.	- 8/26/03
Signature/Incorporator	Date