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TRANSMITTAL LETTER

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

SUBJECT: PINC	CHEDNERVES.COM, INC.			
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
∠ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: D	r. Keith Litwak	***		
	2941 NW 28th Terrace	Printed or typed) ddress		
Boca Raton, Florida 33434 City, State & Zip				
	561-272-5000 Daytime To	lephone number		

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

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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:

PinchedNerves.com, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2941 NW 28th Terrace, Boca Raton, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Internet information portal and advertising

ARTICLE IV SHARES

The number of shares of stock is:

--- One-Hundred (100) ---

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Keith Litwak 2941 NW 28th Terrace Boca Raton, FL 33434

ARTICLE VI REGISTERED AGENT

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

Keith Litwak 2941 NW 28th Terrace Boca Raton, FL 33434

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Keith Litwak 2941 NW 28th Terrace Boca Raton, FL 33434

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

Signature Registered Agent

Signature/Incorporator

Date

-14-0