Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H030003327423)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name

: INCORPORATETIME.COM, INC.

Account Number : 119990000221 Phone

: (631)224-9004

Fax Number

: (631)589-2848

FLORIDA PROFIT CORPORATION OR P.A.

Peter Mazzagatt Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing

Public Access Help.

HODO003327 423

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE:

Peter Mazzagatt Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

8179 North University Drive #91 Tamarac, FL 33321

ARTICLE III -SHARES

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

2,000 shares at \$0.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/ Director:

Peter Mazzagatti

8179 North University Drive #91 Tamarac, FL 33321

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Peter Mazzagatti 8179 North University Drive #91 Tamarac, FL 33321

ARTICLE VI-INCORPORATOR:

H000003337423

Dec. 03 2003 07:55AM P4

H0300033a74a3

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

Kerry Walsh 35 Carleton Avenue Islip Terrace, NY 11752

Kerry Walsh, Incorporator

Date Date

Having been named registered agent and to accept service of process for the above stated corporation as 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.

Peter Mazzaga Registered Agent

1\-21-03 Date

DIVISION OF CORFORATIONS

03 DEC 10 AMM: 01

H030003327423