

850 222 1227 04/07 01/04
Florida Department of State
Division of Corporations
Public Access System

PO#000057781

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.

((H04000070381 3)))

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 : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FILED
04 APR -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

EPlug, Inc.

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

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

aje 4/6

H04000070381

**ARTICLES OF INCORPORATION
OF
EPlug, Inc.**

FILED
04 APR -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, 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 is **EPlug, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **416 Burns Court, Sarasota, FL 34236.**

ARTICLE III: CAPITAL STOCK

The maximum number of shares of capital stock this corporation is authorized to issue is one hundred million (100,000,000) shares, of which ninety million (90,000,000) shares shall be a single class of Common Stock having a par value of \$.00001 per share, and ten million (10,000,000) shares shall be Preferred Stock having a par value of \$.00001 per share. With regard to the Preferred Stock, the Board of Directors is authorized to provide for the issuance of such Preferred Stock in classes or in one or more series within a class and, by filing the appropriate Articles of Amendment with the Secretary of State of Florida, is authorized to establish the number of shares to be included in each class or series and the preferences, limitations, and relative rights of each class or series.

H04000070381

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **William Dolan, 3440 Gulf of Mexico Drive, Longboat Key, Florida 34228.**

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

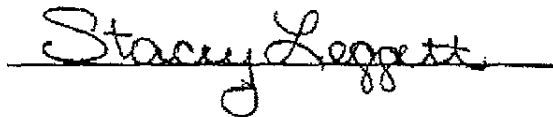
ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is **Samuel S. Duffey, Stephen A. Michael, 416 Burns Court, Sarasota, FL 34236.**

ARTICLE VII: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 2nd day of April 2004. Your Capital Connection, Inc., by **Stacey Leggett, Client Representative**

A handwritten signature in cursive script that reads "Stacey Leggett". The signature is written in black ink and is positioned above a horizontal line.

H04000070381

H04000070381

FILED
04 APR -2 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: EPlus, Inc.

2. The name and street address of the registered agent and office is:
William Dolan
3440 Gulf of Mexico Drive
Long Port Key, Florida 34228

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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.

