

P04000082970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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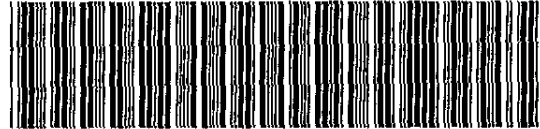
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

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

**SUBJECT:** MYCLICKS.NET, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** TOMMY D. MEADOWS

Name (Printed or typed)

2800 BISCAYNE BLVD. SUITE 777

Address

MIAMI, FL 33137

City, State & Zip

305-591-7117

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:  
MYCLICKS.NET, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
2800 BISCAYNE BLVD.  
SUITE 777  
MIAMI, FL 33137

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
Any and all lawful purposes under the laws of the State of Florida and the United States of America.

## ARTICLE IV SHARES

The number of shares of stock is:  
  
100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
TOMMY D. MEADOWS, P/D  
650 WEST AVE.  
SUITE 1504  
MIAMI BEACH, FL 33139

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
TOMMY D. MEADOWS  
2800 BISCAYNE BLVD.  
SUITE 777  
MIAMI, FL 33137

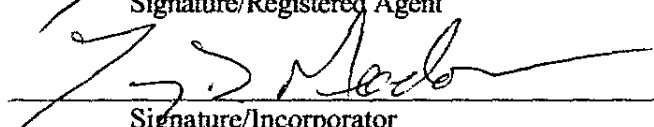
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
TOMMY D. MEADOWS  
650 WEST AVENUE  
SUITE 1504  
MIAMI, FL 33137

\*\*\*\*\*  
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

05-18-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

05-18-04  
\_\_\_\_\_  
Date