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DEPARTOR OF STATE
DIVISION OF CURRENCE STATE
TALLAMASSEE OF ORIDA



TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 POCKET MOBILE SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Name (Printed or typed) 850.656.3200 Daytime Telephone 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:	
HIP POCKET MOBILE INC	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
PO BOX 10706, TALLAHASSEE	, FL 32302
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
TELECOMMUNICATIONS	SECF TALL, 04 J
ARTICLE IV SHARES The number of shares of stock is:	FILED RETARY OF AHASSEE F
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	STATE ECRIDA
PAUL GERARD	
PO BOX 10706, TALLAHIASSEE,	FL 32302
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: PAUL GERARD / P 1141 BRAFFORTON DRIWE, TAL	1 A-1455EE F
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	32304
PAUL GERARD	-
PO BOX 10706, TALLAHASSEE,	FL 32302
Having been named as registered agent to accept service of process for the above stated corp certificate, I am familiar with and accept the appointment as registered agent and agree to acc	oration at the place designated in this
Signature/Registered Agent	JUNE 24 2001
Signature/Registered Agent	Date

Date

P. Geroso Signature/Incorporator