# P0500027529

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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02/14/05--01018--002 \*\*78.75



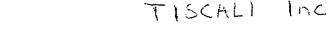
A 2/23/V

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

UBJECT: TISCALI Inc.						
Enclosed are an orig	(PROPOSED CORPORA) inal and one (1) copy of the artic					
\$70.00	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	Name (  3109 CARLT  A  TAMPA FL  City, 5	Address  33614  State & Zip				
813 546 3648  Daytime Telephone number						

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

ARTICLES O	)F INCOR	<b>ሥ</b> በዊ ልጥ	ION	
In compliance w		-		i, F.S. (Profit)
ARTICLE I	NAME			
The name of the		all be:		
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### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3109 CARLTON ARMS-DR. TAMPA FL 33614

### ARTICLE III **PURPOSE**

4 ...

The purpose for which the corporation is organized is:

SERGARY SENIZZUES PURPOSES LEGAL

## ARTICLE IV SHARES

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HECZKOVA MARIE

PRESIDENT SECRETARY TREASURER SOTOBIG

# ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

HECZKOVA MARIE

3109 CARITON ARMS-DZ

TAMPA FL 33614

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

3109 CARLTON ARMS-DR.

FL - 33614 TAMPA

HECZKOVA MARIE

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

2.7. 2005