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SECACIONAL OF STATE
ALLAHASSEE, FI ORIOA

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TRANSMITTAL LETTER

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

SUBJECT: HPVK	GLLER.COM, INC. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: _	STEVEN ROY CHOAT		
	Name	(Printed or typed)	
	11201 122ND AVE. APT. 203	Address	<u>.</u>
	LARGO, FL. 33778	State & Zip	
	727-588-2523 Daytime T	elephone 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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

HPVKILLER.COM, INC.

SECHLIARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11201 122ND AVE. APT. 203 LARGO, FL. 33778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DEVELOPMENT/SALE OF MEDICAL DEVICES

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEVEN ROY CHOAT C.E.O. 11201 122nd AVE. APT. 203 LARGO, FL. 33778

ARTICLE VI REGISTERED AGENT

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

STEVEN ROY CHOAT 11201 122nd AVE. APT. 203 LARGO, FL. 33778

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVEN ROY CHOAT 11201 122nd AVE. APT. 203 LARGO, FL. 33778

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 c	accept the appointment as registered agent and agree to act in this capacity
	/XI-A

Signature Property Agent

04/01/2005

Date

04/01/2005

Date