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COVER LETTER

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

SUBJECT: Globetel Ingedigit Financ	ial Processing C	orp.
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the arti		
S70.00 X \$78.75 Filing Fee Filing Fee & Certificate of Status	✓ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Jonathan Leinwand	(Printed or typed)	
9050 Pines Blvd., Suite		
Pembroke Pines, FL 330	024 State & Zip	
954-241-0590		

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

Daytime Telephone number

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:

GlobeTel Ingedigit Financial Processing Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9050 Pines Blvd., Suite 255A Pembroke Pines, FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful purpose

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jonathan Leinwand, Director

9050 Pines Blvd., Suite 255B

Pembroke Pines, FL 33024

ARTICLE VI REGISTERED AGENT

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

Jonathan Leinwand

9050 Pines Blvd., Suite 255B

Pembroke Pines, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jonathan Leinwand

9050 Pines Blvd., Suite 205

Pembroke Pines, FL 33024

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this captility with and accept the appointment as registered agent and agree to act in this capacity

6/28

Signature/Registered Agent

Signature/Incorporator

4/28/0**6**

OG JUN 29 PH 2: 20
SECRETARY OF STATE