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(Requestor's Name) (Address)	300103516973		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/11/0701009002 **78.75		
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COVER LETTER

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

SUBJECT: Davids' Multimed	dia Company		
(PROPO	SED CORPORAT	E NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original and one (1)) copy of the artic	les of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87 50 Filing Fee, Certified Copy & Certificate of Status
FROM: Davids' Multime	edia Company Name (Printed or typed)	
309 SW Luc		ddress	
Port St Lucie	, FL, 34983-19 City. S	56 State & Zip	······
772-224-837		lephone number	

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

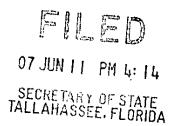
ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Davids' Multimedia Company



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

309 SW Lucero Dr., Port St Lucie FL, 34983-1956

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

E-Commerce

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):

David E Emerson, 309 SW Lucero Dr., Port St Lucie, FL 34983-1956 - President/Secretary David S Finkel, 309 SW Lucero Dr., Port St Lucie, FL 34983-1956 - Vice-President/Treasurer

ARTICLE VI REGISTERED AGENT

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

David S Finkel, 309 SW Lucero Dr., Port St Lucie, FL, 34983-1956

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

David E Emerson, 309 SW Lucero Dr., Port St Lucie, FL, 34983-1956

Signature/Incorporator

Date