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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

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

SUBJECT:	FYBAS,	DC TE NAME - MUST INCLU	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	IDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Thomas Kn Name 15814 Ber Odessa A City,		
	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)				
ARTICLE I NAME The name of the corporation shall be:				
FYBAS, Inc.				
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:				
15814 Berea Drive Odessa, FL 33556				
ARTICLE III PURPOSE The purpose for which the corporation is organized is:				
Computer Service	O: IAL			
ARTICLE IV SHARES The number of shares of stock is:	FILED 07 AUG -6 AM 9: 4: SECRETARY OF STATE TALLAHASSEE, FLORIDA			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	AH S OF SI			
List name(s), address(es) and specific title(s):	ATE PRIDA			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Thomas Knapp 15814 Berea Drive Odessa, FL 33556 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Thomas Knapp 15814 Berea Drive Odessa, FL 33556				
Having been named as registered agent to accept service of process for the above stated corporation at certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capa	the place designated in this			
OP V				
	1-07 Date			
Signature/Incorporated 8-	/-07 Date			