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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

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

SUBJECT: PROM	OTIONSPROMOS, INC. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDESUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	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: SC	PHIA GREGORY		
	Name 439 NEWHEARTH CIRCLE	(Printed or typed) Address	
	WINTERGARDEN, FLORIDA 34 City,	787 State & Zip	
	407-877-3655	elenhone 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:

PROMOTIONPROMOS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 439 NEWHEARTH CIRCLE WINTER GARDEN, FLORIDA 34787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MARKETING / MODELING AGENCY

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):

SOPHIA GREGORY, PRESIDENT & CEO 439 NEWHEARTH CIRCLE WINTER GARDEN, FLORIDA 34787

ARTICLE VI REGISTERED AGENT

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

SOPHIA GREGORY 439 NEWHEARTH CIRCLE WINTER GARDEN, FLORIDA 34787

ARTICLE VII INCORPORATOR

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

SOPHIA GREGORY 439 NEWHEARTH CIRCLE WINTER GARDEN, FLORIDA 34787

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

Signature/Incorporator

Date

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Date