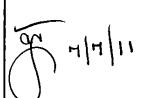
| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Dusiness Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
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Office Use Only



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07/06/11--01005--015 \*\*87.50



## **COVER LETTER**

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

|  | SUBJECT: SilverFox.com, Inc.             |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for:  |  |  |  |  |  |  |  |
| \$70.00 \$78.75 Filing Fee & Certificate of Status  \$78.75 \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate of Status |  |  |  |  |  |  |  |
| ADDITIONAL COPY REQUIRED   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| FROM: L. Jerome Ashford  Name (Printed or typed)   |  |  |  |  |  |  |  |
| 1026 Walden Road   |  |  |  |  |  |  |  |
| Address  |  |  |  |  |  |  |  |
| Tallahassee, FL 32317 City, State & Zip  | SECF<br>DIVISION                         |  |  |  |  |  |  |
|  | SE S |  |  |  |  |  |  |
| 000.440.1000   |  |  |  |  |  |  |  |
| <b>X</b>   | OR F                                     |  |  |  |  |  |  |
| ashfordinc@aol.com  E-mail address: (to be used for future annual report notification)   | E C                                      |  |  |  |  |  |  |

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   |   | SECRETARY OF STATE<br>DIVISION OF CORPORATIONS            |
|--|--|---|---|
| i ne name oi uie                       | corporation shall be: SilverFox.com, Inc.  |   | STANDARD CORPORATION:                                     |
| ARTICLE II                             |  |   | 2011 JUL -6 PM 4: 39                                      |
|  | Principal street address   |   | Mailing address, if different is:                         |
|  | 1026 Walden Road<br>Tallahassee, FL 32317  | <del></del>                                 |   |
|  | Tallallassee, FL 52317   |   |   |
| ARTICLE III                            | PURPOSE  |   |   |
| The purpose for                        | which the corporation is organized is:   |   |   |
| To develop                             | information programs for distribution  | over the interr                             | net and other media.                                      |
|  |  |   |   |
| ARTICLE IV                             |  |   |   |
| The number of sl                       | hares of stock is: 35  |   |   |
| ARTICLE V                              | INITIAL OFFICERS AND/OR DIRECTO  | RS  |   |
|  | Title:L. Jerome Ashford, CEO   |   | :   |
| Address:                               | 1026 Walden Road   | Address:                                    |   |
|  | Tallahassee, FL 32317  |   |   |
|  |  | <del></del>                                 |   |
| Name and                               | Title: Alicestine D. Ashford   | Name and Title                              |   |
| Address:                               | 1026 Walden Road   | Address:                                    |   |
|  | Tallahassee, FL 32317  | _   |   |
|  |  | _   |   |
| Name and                               | Title:   | Name and Title                              | ,   |
| Address:                               |  | Address:                                    |   |
|  |  |   |   |
|  |  | <del></del>                                 |   |
| APTICLE III                            | REGISTERED AGENT   |   |   |
|  | lorida street address (P.O. Box NOT acceptable) o  | of the registered age                       | nt is:  |
| Name:                                  | L. Jerome Ashford  | or the registered age                       |   |
| Address: .                             | 1026 Walden Road   |   |   |
|  | Tallahassee, FL 32317  | <del></del>                                 |   |
| ARTICLE VII                            | INCORPORATOR   |   |   |
|  | ddress of the Incorporator is:   |   |   |
| Name:                                  | L Jerome Ashford   |   |   |
| Address:                               | 1026 Walden Road   |   |   |
|  | Tallahassee, FL 32317  |   | •   |
| Having been na                         | med as registered agent to accept service of proces  | ss for the above sta                        | sted cornoration at the place designated in               |
| this certificate, I                    | am familiar with and accept the appointment as re  | gistered agent and i                        | agree to act in this capacity                             |
|  |  | <b></b>                                     |   |
| Z. Oesa                                | me the Small   |   | 046 1 7011  |
| L. Jen                                 | Required Sygnature/Registered Agent  |   | Date  |
| V                                      | . 75   |   | V 0 5   |
| I submit this doc<br>document to the l | sument and affirm that the facts stated herein are<br>Department of State constitutes a third degree felon | e true. I am aware<br>ny as provided for it | that the false information submitted in a n.817.155, F.S. |
| $\mathscr{S}_{-}$                      |  | · · ·                                       |   |
| L. len                                 | one Hishsoral  |   | July 1. 2011  |
|  | Required Signature/Incorporator  | -   | 10 (20 1)<br>Date   |
| V                                      |  |   | $\nu$   |