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**Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : 20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
EMARKET BOOST, INC.**

Certificate of Status	0
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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:

eMARKET BOOST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2194 STACIL CIRCLE
NAPLES, FLORIDA 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT
LINDA GATRI
2194 STACIL CIRCLE
NAPLES, FLORIDA 34109

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LINDA GATRI
2194 STACIL CIRCLE
NAPLES, FLORIDA 34109

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

LINDA GATRI
2194 STACIL CIRCLE
NAPLES, FLORIDA 34109

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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.


LINDA GATRI / Registered Agent

12/6/11
Date


LINDA GATRI / Incorporator

12/6/11
Date

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