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DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: Fraudome7	Ler Inc.	LUDE SUEFIX)
Enclosed are an original and one (1) copy of the artic		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
· · : ,	ADDITIONAL C	OPY REQUIRED
FROM: Fraudometer Inc. Name	(Printed or typed)	
411 Walnut St Suite #830	02 ddress	
Green Cove Springs, FL City,	32043 State & Zip	
720-445-1124 Daytime Te	elephone number	
brent@brenttuttle.com E-mail address: (to be used	for future annual report	notification)

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 The name of the	NAME Fraudometer Inc. corporation shall be:			
ARTICLE II	PRINCIPAL OFFICE Principal street address 411 Walnut St #8302 Green Cove Springs, FL 32043	***************************************	ng address, if different is:	
The purpose for	PURPOSE r which the corporation is organized is: oftware and related services to companized. rvices.	iles involved in inte	ernet marketing and online	
	hares of stock is: 2000			
Address:	Title: James Brent Tuttle , LEO 21699 US Hwy 40	Name and title:		
Addicas.	Golden, CO, 80401			
	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	-		
	Title Sweeney Holdings, LLC	Name and Title:		
Address:	Joseph C. Sweeney COO			
	438 Potomac Dr Lexington, KY 40503			
	Lexington, ICT 40505		<u> </u>	'n
Name and	Title:	Name and Title:	0 5	C
Address:		Address:		黑
			<u> </u>	艺工
		·	<u> </u>	775
ADTICLE UT	REGISTERED AGENT		72	OF STATE
	Torida street address (P.O. Box NOT acceptable) of	the projetered agent is:	36 (1)	⊇്ഗ
Name:	NRAI Services, Inc.	•	? :	$\widetilde{\mathbf{E}}\widetilde{\mathbf{F}}$
Address:	515 East Park Avenue		5 9	35
, and and	Tallahassee, FL 32301	•	٩	7
		•		
	<u>INCORPORATOR</u>			
	ddress of the Incorporator is:			
Name:	James B Tuttle			
Address:		-		
	Golden, CO 80401	-		
	med as registered agent to accept service of process am familiar with and accept the appointment as registered. Year Year	stered agent and agree to		
•	Kedunea Signature Kegisterea Agent		Uate .	
	cument and affirm that the facts stated herein are t D apartment of State constitutes a third deaceo fel ony			
			12/7/	
	Required Signature/Incorporator			IJ
	required Signature/Incorporator		Date	