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TALLAMASSELLATLORIDA

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

SUBJECT: Commerce One Corporation

(Proposed corporate name - must include suffix)

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ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business AE Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

I-Commerce 1 Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 142111

Gainesville Fl. 32614

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Sebran K. Partrioge PO 1st -> P.O. Box 142111

Gainesuille FL 32614

Street 2nd7 5030 SW 88+L Terroce

Gainesville FL 32608

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sebron K. Partridge

PO 1st 7 PO. Box 142111

Gaines ville FL 32614

Street 2nd 7 5030 SW. 88th Terrace

Gaines ville FL 32608

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of February, 1997.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

97 FEB 13 AMII: 24

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is_	I-Commerce -	<u>1</u>	Inc.

2. The name and address of the registered agent and office is:

Sobron H. Partridge
(NAME) 5030 SW 88+ Terrace
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Coinesville FL 32608

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.