

**CORPORATE
ACCESS,**

INC.

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

☒ CERTIFIED COPY

☐ PHOTO COPY

☒ FILING

Articles

1.) MasterLinux, Inc.

(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

6.) _____
(CORPORATE NAME & DOCUMENT #)

7.) _____
(CORPORATE NAME & DOCUMENT #)

8.) _____
(CORPORATE NAME & DOCUMENT #)

9.) _____
(CORPORATE NAME & DOCUMENT #)

10.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU

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-04/11/97--01034--006

****131.25 ****131.25

97 APR 11 PM 12:12

RECEIVED
97 APR 11 AM 10:39
TALLAHASSEE, FLORIDA
CORPORATE FILING



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 11, 1997

CORPORATE ACCESS, INC.

TALLAHASSEE, FL

SUBJECT: MASTERLINX, INC.
Ref. Number: W97000008487

*Corrected
4/11/97
[Signature]*

We have received your document for MASTERLINX, INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 997A00018383

RECEIVED
DIVISION OF CORPORATIONS
APR 11 PM 4:29

Transmittal Letter

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

97 APR 11 PM 4:14
FBI
STATE
TALLAHASSEE, FL 32314

Subject: MasterLinx, Inc.
(Proposed corporate name - must include suffix)

To whom it may concern:

This is to confirm that we are aware of the existence of the name "Masterlink Corporation", and the similarities with "MasterLinx, Inc." and do not feel the similarities detrimental to either corporation.

We therefore desire to use the name "MasterLinx, Inc" for this corporation.

Sincerely,


Nelson Temple

Articles of Incorporation

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

Article I Name

The name of the corporation shall be:

MasterLinx, Inc.

Article II Principal Office

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

2000-1 Hendricks Ave. #28
Jacksonville, FL 32207

Article III Shares

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

Three Million Shares

Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Dan Hayes
1206 Holmesdale
Jacksonville, FL 32207

Filing Fee: \$70.00

FILED
97 APR 11 PM 4:12
JACKSONVILLE, FL
CLERK OF THE CIRCUIT COURT

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):

Michael Hurley

Nelson Temple

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ____ 10th ____ day of
____ April _____, 1997 ____.

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



Signature

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

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: MasterLinx, Inc

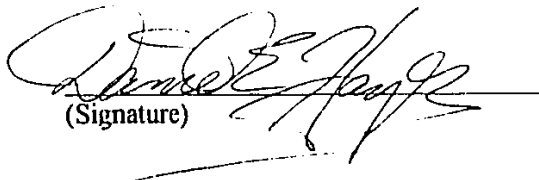
2. The name and address of the registered agent and office is:

Dan Hayes
(Name)

1206 Holmesdale
(P.O. Box or Mail Drop Box NOT Acceptable)

Jacksonville, FL 32207
(City/State/Zip)

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.


(Signature)

4-10-97
(Date)

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97 APR 11 PM 4:12
TALLAHASSEE, FL 32314

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