1970000064737

TRANSMITTAL LETTER

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

Perfect Match Services, Inc.
(Proposed corporate name - must include suffix) SUBJECT:

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate \$122,50

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: ELERIT WIZZARD

Name (Printed or typed)

Io140 Reflections Blvd. West -#105

Address

Sunrise Florida 33351

City, State & Zip

(954) 746-8690

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

Distribute Comportation, increase and part the following the notice of known portation.			
ARTICLE I NAME The name of the corporation shall be:	Perfect Match	Services,	Inc.

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

10242 NW 47th Street, Suite #2 Surrise, Florida 33351

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ELERIT WIZZARD 10140 Reflections Blvd West-#105 Sunrise, Florida 3335/

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ELERIT WIZZARD

10140 Reflections Blvd West _ #105

Scenrise, Florida 33351

Signature/incorporator

7/16/97-

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

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/Registered Agent 7/16/9 Date