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

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	1000022820517
SUBJECT: MASTER PAY	-09/02/97010400D3
(Proposed corporate nam	
•	TOBO STUDY OF A
Enclosed is an original and one (1) copy	y of the articles of incorporation and a check
for:	
\$70.00 \$78.75	\$122.50 \$131.25
Filing Fee Filing Fee & Certificate	Filing Fee Filing Fee, & Certified Copy Certified Copy
	& Certificate Zo
	Additional Copy Required 9 555
	TO STATE
FROM: KEN	NAGEL NAGEL
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<u> </u>	NAW AUE S. #309 5 PET
A	Address
$C : = \lambda$	IRWATER FLA 34625.
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NOTE: Please provide the original and one copy of the articles.

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:

MASTER PAY INC

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ARTICLE II PRINCIPAL OFFICE

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

51 MAIN AUF S. #309 CLEARWATER FLA 34621

ARTICLE III SHARES

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

1600

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

ALAN SHYDER

SI MAN AUE S.

309

CLEARWATER FL

34625

SECRETARY OF STATENS
DIVISION OF CORPORATIONS
97 SEP -2 AM 4:48

ARTICLE V INCORPORATOR(S)

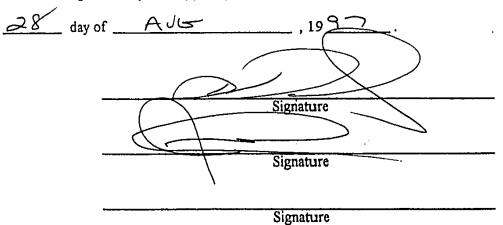
See instructions for officers/directors

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

12800 VONN#9753 CARGO FUL. 34625

Jim THOMPSON
31177 U.S. 19 N. H1303
PACM HARBOR FLA
34684

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



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.

	The name of the corporation is:
2.	The name and address of the registered agent and office is:
	5 MAIN AUG S. # 3007 9 SET
	TARKE CORP.
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE) CLEARWATER FLA. 34628 GM
	(CITY/STATE/ZIP)
	aving been named as registered agent and to accept service of process for the above stated or

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.

Cluz Sershe 3-26-57
(SIGNATURE) (DATE)