P98000000595

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

SUBJECT:	WORD ELOPE (Proposed or	orporate name - must include	suffix)	
•		1000023 -127107 ******7	9701018 015	*
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	heck for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM		rinted or typed)	AHA	
	4364 Nw 9AVE	15 L 4 15 ~ 1 B Address		
	for Pans Boh City	FLA 33064 , State & Zip	STATE LORIDA	. 0
	(954) 94637			
T CAROLY	IN BATTEN			of a

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



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

ARTICLE	I	NAME
	-	

The name of the corporation shall be:

ELoped Inc.

ARTICLE II PRINCIPAL OFFICE

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

POMPANO BOLL FLA 33064

ARTICLE III SHARES

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

1000 Shacg Common STOCK PAR VALVE . 001

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RONALD DERWO 4364 NW GAVE BID 15-1B POMPAND BON FIA 33664 RTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

ROWALD DERNUD

4364 NW 9AVE BIG 15-18

Pompano Bch FIA 33064

Pombl Dehum

Signature/Incorporator

12/30/97 Date

(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

Date