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TO: DIVISION OF CORPORATIONS

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FAX #: (850)922-4001

ACCT#: 072450003255

FROM: EMPIRE CORPORATE KIT COMPANY CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: POCKETWORKS, INC. AUDIT NUMBER.....H98000009586 DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A. CERT. OF STATUS..0 CERT. COPIES.....1 METHOD.. FAX EST.CHARGE.. \$122.50 HER A COURT SUPPLY TYPE THE FA

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 21, 1998

EMPIRE CORPORATE KIT COMPANY

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SUBJECT: POCKETWORKS, INC. REF: W98000011690

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The document in conflict is Pocketworks, Inc., document number P98000035997.

If you have any further questions concerning your document, please call (850) 487-6925.

Barbara Brock Document Specialist FAX Aud. #: E98000009586 Letter Number: 998A00028702

EWDIKE COKS



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:

PocketWorks Unlimited, INC.

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ARTICLE II PRINCIPAL OFFICE

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

4368 South Kirkman Road, Suite 214, Orlando FL 32811.

ARTICLE III SHARES

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

100 at \$1 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Daniel Scott Katz 4801 South University Drive, Suite 229 Davie, FL 33328

ARTICLE V SPECIFIC NATURE OF THE BUSINESS

The nature of the Corporation is for the purpose of telecommunication and internet services.

Daniel Scott Katz 4801 South University Avenue, Suite 229 Davie, Florida 33328 954-252-8470 0026840

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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):

Jeffrey Brent Swerdlow 4363 South Kirkman Road, Suite 214 Orlando, FL 32811

Daniel Scott Katz 4801 South University Drive, Suite 229 Davie, FL 33328

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this $\frac{\partial}{\partial A}$ (day of $\underline{AA4}$, 1998.

(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.

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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: <u>PocketWorks Unlimited, INC.</u>

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

Daniel Scott Katz (Name)

<u>4801 South University Drive, Suite 229</u> (P.O. Box or Mail Drop Box <u>NOT</u> ACCEPTABLE)

Davie, Florida 33328 (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)

5-28-98

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 86 28 П \geq ~ 100m S