THE UNITED STATES **CORPORATION** OMPANY ACCOUNT NO. : 072100000032 REFERENCE: 843520 7108182 AUTHORIZATION : COST LIMIT : \$ PPD ORDER DATE: June 4, 1998 ORDER TIME : 10:04 AM ORDER NO. : 843520-005 CUSTOMER NO: 7108182 CUSTOMER: David L. Giorgione, President NATIONAL BUSINESS COMMUNICATIONS, INC. 16807 US Highway 19 North Suite #A Clearwater, FL 33764 DOMESTIC FILING NAME: CALLING CARD INC. 000002547400--8 *****70.00 *****70.00 EFFECTIVE DATE: XX ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

W98-12857

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION CF CORPORATIONS

98 JUN -4 PM 3: 40

June 4, 1998

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: CALLING CARD INC. Ref. Number: W98000012857



We have received your document for CALLING CARD INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

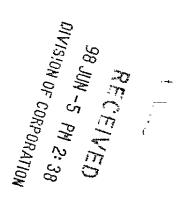
Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden Document Specialist

Letter Number: 298A00031621



DIVISION OF CORPORATIONS

98 JUN -4 PM 3: 40

ARTICLES OF INCORPORATION

<u>OF</u>

CALL CARD PLUS, INC.

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

ARTICLE | NAME

he name of the corporation shall be:

CALL CARD PLUS, INC.

ARTICLE II PRINCIPAL OFFICE

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

16807 U.S. Highway 19 North sviteB Clearwoter, R/ 33764

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

David Giorgione 16807 U.S. Highway 19 North Svite B Clearwater, Fl. 33764

ARTICLE V INCORPORATOR(S)

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

16807 U.S. Highway 19 North SuiteB Clearwater, Fl. 33764

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

27th

day of May

19 98

Signature/Title Page /

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION: REGISTERED AGENT/REGISTERED OFFICE

DIVISIONSTA	TILED RY OF STATE CORPORATIONS
98 JUN -4	CORPORATIONS
4	PM 3:-60

ersuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporain, organized under the laws of the State of Florida, submits the following statement in Esignating the registered office/registered agent, in the state of Florida.

The name of the corporation is:	CALL CARD PLUS, INC.
	1
	,
The name and address of the regis	
David Giorgione (NAMI	
•	•
16807 U.S. Highway (P.O. BOX NO)	y 19 North Suite B
(P.O. BOX NO	[ACCEPTABLE)
Cleanwater, F1. 33;	764
(CITY/S	TATE/ZIP)
	SIGNATURE 5/2)/5/ (corporate officer)
	TITLE
	DATE MG4 27,1498

IAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF THOCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT IND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PEROPMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

+ SIGNATURÉ

DATE MAY 27, 1998