

P98000053215

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

400002558554--4
-06/12/98-01077-007
*****78.50 *****78.50

SUBJECT: Neocom Financial Relations, Inc.
(Proposed corporate name - must include suffix)

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: Neocom Financial Relations Inc
Name (Printed or typed)

56 E. Pine St. Ste 250
Address

Orlando, FL. 32801
City, State & Zip

407-649-0033
Daytime Telephone number

FILED
98 JUN 12 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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6/15/98

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.

ARTICLE I NAME

The name of the corporation shall be: Neocom Financial Relations, Inc

ARTICLE II PRINCIPAL OFFICE

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

56 E Pine St, Ste 250
Orlando FL 32801

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


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

Scott Mijares
819 E Amelia
Orlando FL 32803

ARTICLE V INCORPORATOR

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

Scott Mijares 819 E Amelia, Orlando FL 32803


Signature/Incorporator

6/10/98

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

6/10/98

Date

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TALLAHASSEE FLORIDA