TRANSMITTAL LETTER

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

900	0002	261	L SI	5:9:	9	-5
	-08/1	2/98	 0)	1026	D16	3
	未未并养	* 79	75	未来来	**78.	.75

SUBJECT:

(Proposed corporate name - must include suffix)

Enclosed is an	original and on	e(1) copy (of the articles of	incorporation	and a cl	neck for

\$70.00 Filing Fee

\$78.75 Filing Fee **\$122.50**

\$131.25 Filing Fee,

Filing Fee & Certified Copy & Certificate

Certified Copy

& Cert Ficate

ADDITIONAL COPY REQUIRED

ZAMOHI Name (Printed or typed)

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

ARTICLES OF INCORPORATION OF PSYCOM CORPORATION

FILED

LUMETARY OF STATE

SION OF CORPORATIONS

98 AUG 12 AM 9: 12

A FLORIDA CORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - Name

The name of the corporation shall be:

PSYCOM CORPORATION

ARTICLE II - Principle Office

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

6365 NW 6th WAY SUITE 170 FT. LAUDERDALE, FLORIDA 33309

ARTICLE III - Shares

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

75,000,000 shares

ARTICLE IV - Initial registered Agent

The initial registered agent shall be THOMAS H. BOURNE, having an address of

6365 NW 6th WAY SUITE 170 FT. LAUDERDALE, FLORIDA 33309

ARTICLE V-Incorporator

The incorporator to these Articles of Incorporation is THOMAS H. BOURNE

6365 NW 6th WAY SUITE 170 ET. LAUDERDALE FLORIDA 33309

Signature / Incorporator

Date

REGISTERED AGENT

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 is 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