TRANSMITTAL LETTER

P9800081261

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

SUBJECT:	Brain Boxe	S $I_{D}C$. For a transport the sum of t	
SUBJECT.	(Proposed corpo	orate name - must include sur	ffix)
		No principal of the control of the c	000025412 -09/16/98010 ****131.25 *
Enclosed is an original a	and one(1) copy of the article	es of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate		\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Lawrence S Name (1	. Ban Ks Printed or typed)	<u></u>
	2907 Harrison Ave. Address		
	Orlando,	FL 33804 , State & Zip	
	407 - 481-	2057	

SECRETARY OF STATIONS
31-VISION OF CORPORATIONS
98 SEP 16 PM 3: 05

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

Daytime Telephone number

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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.

NAME ARTICLE I

The name of the corporation shall be:

Brain Boxes Inc.

ARTICLE II PRINCIPAL OFFICE

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

2907 Harrison Ave. Orlando, FL 32804

PD Box 1073 Orlando, FL 32802

ARTICLE III SHARES

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

Ten (10)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lawrence 5. Banks 2907 Harrison AVE. Orlando, FL 32804

INCORPORATOR

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

Lawrence 5. Banks 2907 Harrison Ave. Delando, FL 32804

Signature/Incorporator

(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