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

FILED 98 SEP 15 AM 9: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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SUBJECT:

THATSTORE. COM CORPORATION

(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

፭ \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

MICHELLE C. CROWE

Name (Printed or typed)

5435 OAK MEADOW DRIVE

Address

MILTON, FL 32570

City, State & Zip

(850) 983-2195

Daytime Telephone number

P.Hall

SEP 1 81998

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

ARTICLES OF INCORPORATION

FILED SEP 18 AM 9: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE L NAME

The name of the corporation shall be:

THATSTORE. COM CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

5435 OAK MEADOW DRIVE MILTON, FL 32570

<u>ARTICLE</u> III SHARES

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

10.000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID CROWE

5435 OAK MEADOW DRIVE

MILTON, 32570

ARTICLE V INCORPORATOR

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

MICHELLE CROWE 5435 OAK MEADOW DRIVE MILTON, FL 32570

Signature/Incorporator

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

Date