

P08000084749

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

300002653393--2
-10/01/98--01053--005
*****78.75 *****78.75

SUBJECT: Beyond w3, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$78.75 Filing Fee Filing & Certificate

FROM: Christina T. Egli
Name (Printed or typed)

P.O. Box 1275
Address

Palatka, FL 32178
City, State & Zip

(305) 872-5566
Daytime Telephone number

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

FILED
198 OCT -1 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten signature]

[Handwritten mark]

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:

Beyond w3, Inc.

ARTICLE II PRINCIPAL OFFICE

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

BUSINESS:

Route 2 Box 104
Satsuma, FL 32189

MAILING:

P.O. Box 1275
Palatka, FL 32178

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Christina T. Egli
148 San Cristobal St.
East Palatka, FL 32131

MAILING ADDRESS:

P.O. Box 1275
Palatka, FL 32178-1275

ARTICLE V INCORPORATOR

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

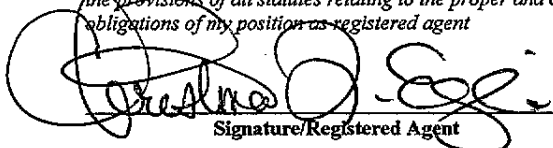
Christina T. Egli
P.O. Box 1275
Palatka, FL 32178-1275


Signature/Incorporator

9-20-98
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

9-20-98
Date

FILED
98 OCT -1 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA