DOSIDOS SOS ORIGINAL

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

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SUBJECT:	A Better Way to Mail, Inc.						
		rate name - must include suffi					
Enclosed is an original	and one(1) copy of the article	es 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 CO	PY REQUIRED				
FROM:	Alan Conner Name (Printed or typed)						
	6538 Collins AVe, Sutie 258						
	Address						
	Miami Beach, FL 33141						
	City, State & Zip						
	305-867-3700						
	Daytime Telephone number						

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



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:

A Better Way to Mail, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3257 NW 7thAve. Cir, Miami, FL 33127

ARTICLE III SHARES

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

100 Common voting Shares \$10.00 Par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Henry Cote, 9760 W. Bay Harbour Drive, Bay Harbour Island, FL 33154

ARTICLE V INCORPORATOR

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

Signature/Incorporator				Date						
					14298					
Henny Cote,	9760	₩.	Bay	Harbour	Drive,	вау	Harbour	istand,	EЪ	33134
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(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 nostion as registered agent

Signature/Registered Agent

Date