# TRANSMITTAL LETTER

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

SUBJECT:		INC.	
	(Pro	posed corporate name -	must include suffix

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate

**□**\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy

& Certificate

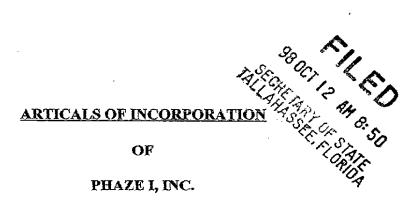
ADDITIONAL COPY REQUIRED

FROM: PHAZE I IVC  Namle (Printed or typed)	98 OCT I
3530 1st ANC NO., Suite 128	2 M 8: SSEE.FL
St. Petersburg, FL 337/3 City, State & Zip	TATE ORIDA

813 - 875 - 1/63

Daytime Telephone number

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



The undersigned subscriber(s) to these Articles of Incorporation natural person(s) competent to contract, hereby from a corporation under the laws of the State of Florida.

# ARTICLE I - CORPORATE NAME

The name of the corporation shall be:

#### PHAZE I, INC.

# Article II - DURATION

This corporation shall exit perpetually unless dissolved according to Florida law.

### **ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the law of the United States and the State of Florida.

### ARTICLE IV CAPITAL STOCK

The corporate is authorized to issue 1,000 shares (common) of ONE Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

**Articles of Incorporation Page 1** 

# ARTICLE V INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME: PHAZE I, INC.

ADDRESS: 3500 1st Ave. N. Suite 128

CITY: ST. PETERSBURG, FLORIDA 33713

The name and street address of the Initial Registered Agent of this corporation:

NAME: CLARENCE MILLS.

ADDRESS: 2902 WEST LEMON ST.

CITY: TAMPA, FLORIDA 33609

# ARTICLE VI INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director (s) of the corporation are as follows:

NAME: CLARENCE MILLS - PRESIDENT/ DIRECTOR

ADDRESS: 2902 WEST LEMON ST. CITY: TAMPA, FLORIDA 33609

NAME:

ADDRESS:

CITY:

NAME:

ADDRESS:

CITY:

NAME:

ADDRESS:

CITY:

NAME:

ADDRESS:

CITY:

#### ARTICLE VII - INCORPORATORS

The names and address of the incorporators signing these Articles of Incorporation are as follows:

NAME: CLARENCE MILLS

ADDRESS: 2902 WEST LEMON ST. CITY: TAMPA, FLORIDA 33609

NAME: ADDRESS: CITY: NAME: ADDRESS:

CITY:

The undersigned incorporator (s) has (have) executed these Articles of incorporation this 29th day of September A.D., 1998

CLARENCE MILLS

STATE OF FLORIDA

SS

COUNTY OF HILLSBOROUGH)

Before me, a Notary Public authorized to take acknowledgments in the state and County set forth above, personally appeared CLARENCE MILLS known to me and known to be the person (s) who executed the foregoing Articles of Incorporation and who acknowledged before me that HE executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 29th day of September A.D. 1998.



NOTARY PUBLIC, STATE OF FLORIDA)

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT CERTIFICATE OF REGISTERED AGENT

## PHAZE I, INC.

Pursuant to the provisions of sections 48.091 or 617.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 3500 1st. Ave. N. Suite 128, ST.PETERSBURG, FLORIDA 33713 has named CLARENCE MILLS located at the aforesaid address, as its Registered Agent to accept service of process within this state.

### **ACKNOWLEDGMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(Registered Agent)

Certificate & Acknowledgment Rogistored Agent

98 OCT 12 M 8: 50
SEPRETARY OF STATE