8000106184

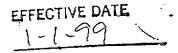
Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

EFFECTIVE DATE



SUBJECT: Blast mosters Inc. (Proposed corporate name - must include suffix)				
		y years o	200002718 -12/21/98 *****70.00	01159010
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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Brian Mollone Name (Printed or typed)				
TODI N. Rome Avenue				
Tampa, FL 33604				
City, State & Zip				
(813) 936-0114				
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:

Blast Mosters, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7001 N. Rome Avenue Tampa, FL 33604

ARTICLE III SHARES

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

one thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Brian Malone 7001 N Rome Aue. Tampa, FL 33604

ARTICLE V INCORPORATOR

Januara

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

Brian Malone 7001 N. Rome Avenue Tampa PL 33604

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