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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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P.Hall

SUBJECT:	Tra	ckTalk,	Inc.	orate name - must	include suffix)	<u> </u>	
Enclosed is an	original	and one(1)		eles of incorpora			
□ \$70. Filing F	00 [?] ee	\$78.75 Filing Fee & Certifica	, -	□\$78.75 Filing Fe & Certified	ee	\$87.50 Filing Fee, Certified Co & Certificat Status	te of
FROM: Michael R. Provost Name (Printed or typed)							
578 N. Halifax Dr. Address							
		Ormond	Beach, FL Cit	32176 y, State & Zip	-		

(904) 677-5924

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

Daytime Telephone number

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:

TrackTalk, Inc.

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SECRETARY OF STATE
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ARTICLE II PRINCIPAL OFFICE

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

578 N. Halifax Dr. Ormond Beach, FL 32176

ARTICLE III SHARES

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

300 (Three Hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael R. Provost 578 N. Halifax Dr. Ormond Beach, FL 32176

ARTICLE V INCORPORATOR

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

Michael R. Provost 578 N. Halifax Dr. Ormond Beach, FL 32176

Signature/Incorporator

1-19-9**9**

(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