

TRANSMITTAL LETTER

P 99000010055

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

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-01/29/99--01059--013

*****78.75 *****78.75

cus

SUBJECT: PSYCHICNET.COM

(Proposed corporate name - must include suffix)

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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ALVIN MIRMAN
Name (Printed or typed)

4183 SHELL Rd
Address

SARASOTA, FL 34242
City, State & Zip

941 349 8987
Daytime Telephone number

FILED
99 JAN 29 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. CHESSEY FEB 2 1999

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

10-2564

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:

PSYCHICNET.COM, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4183 SHELL RD
SARASOTA, FL 34242

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ALVIN MIRMAN
4183 SHELL RD
SARASOTA, FL 34242

ARTICLE V INCORPORATOR

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

ALVIN MIRMAN
4183 SHELL RD
SARASOTA, FL 34242

Alvin Mirman
Signature/Incorporator

1/21/99
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.

Alvin Mirman
Signature/Registered Agent

1/21/99
Date

FILED
99 JAN 29 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA