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

600002765646--5 -02/05/99--01036--001

SUBJECT: BIOMETRICS 2000 . COM CORPORATIONS
(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 ADDITIONAL COPY	Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FROM:	Name (Pr	R. Whee	le n
		Jorseshoe	TRACE
	Wellingfon FL. 33414 City, State & Zip		
	561-792-3838 == Daytime Telephone number		
Dayume receptione number			

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

2,95

Articles of Incorporation

The undersigned incorporate, 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:

BIOMETRICS 2000 .COM CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

BIOMETRICS 2000

14955 Horseshoe Trace

Wellington, FL 33414

ARTICLE III SHARES

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

25,000,000 (twenty five million) common shares at a par of \$.001 5,000,000 (five million) preferred shares at a par of \$1.00 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William R. Wheeler

14955 Horseshoe Trace Wellington, Florida 33414

ARTICLE V INCORPORATE

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

William R. Wheeler

14955 Horseshoe Trace Wellington, FL 33414

Signature / Incorporator

2/02/99

Date

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 statues relating to the proper and complete performance of my duties, an am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date