P99000016022

TRANSMITTAL LETTER

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

500002758285--2 -01/29/39--01030--018 ******70.00 ******70.00

SUBJECT: Multi-Connections Inc.

(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

-ONLY SENT ORIGINAL

NO COFY -

\$78.75

Filing Fee &

Certificate of

Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>Uicke Jackson-Summers</u> = Name (Printed or typed)

1809 Catawba Cer. Apt D

Kissimmee F1 34741
City, State & Zip

(407) 518-1448

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 3, 1999

VICKIE JACKSON-SUMMERS 1809 CATAWBA CIR. APT. D KISSIMMEE, FL 34741

SUBJECT: MULTI-CONNECTIONS INC.

Ref. Number: W99000002701

We have received your document for MULTI-CONNECTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Randall Purintun Document Specialist

Letter Number: 199A00004666

ARTICLES OF INCORPORATION

| The undersigned incorporator, for the purpose of forming a corporation under the Florida | - | | |
|--|---|----------------------|--------------|
| Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation: | | 9 | |
| ARTICLE I NAME | . <u></u> | | |
| The name of the corporation shall be: | • | | 5 <u>-</u> |
| Multi-Connections Inc. | = | | |
| ARTICLE II PRINCIPAL OFFICE | | <u>الْحَ</u> ِّ بِيَ | |
| The principal place of business and mailing address of this corporation shall be: | | # - 를 | |
| P.D. BOY 120997 P.O. Box 420997 | _ | * | |
| Kissimmee, FT 34741 | | | |
| The specific purpose(s) for which the | <u>- '</u> | | |
| The specific purpose(s) for which the corporation is organized is(are): | = | | |
| The specific purpose(s) for which the corporation is organized is(are): To Provide Links for deversifyed entities Dublic and Private | 5 CO | ASU. | 1/. |
| public and private | - | -, 500 | THING |
| ARTICLE IV MANNER OF ELECTION OF DIRECTORS | | | ŀ |
| The manner in which the directors are elected or appointed is: | - <u>-</u> | - | ** •• |
| Elected by a majority vote. | | | |
| | | | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS | | | |
| The flathe and Florida street address of the initial registered agent are: | 亚 · | | * |
| Vicke Gackson - Summers | | | |
| DO. Box HXXXXX 1809 Catamba Cur. Apt D | | | |
| KISSIMMER, FI 34747, ARTICLE VI INCORPORATOR | | | |
| ARTICLE VI INCORPORATOR The name and address of the Incorporator to these Articles of Incorporation are: | = | | |
| Vickie Gackson - Summers | | | · |
| P. 8/ B px/4/2099/ 1809 Catawba Cur. Apt 1 | , | 14 | |
| NISSIMMEE, F1 34741 | <u>)</u> _ | | |
| Vicke Jackson- Deinners 1-15-99 | - | | |
| 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 |
|----------------------------|---------|
| Viakie O Amaria | 1-16 00 |