

TRANSMITTAL LETTER

P9900001966C

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

SUBJECT: CRISKEN INTERNET INC
(Proposed corporate name - must include suffix)

300002788413--6
-02/26/99--01058--002
*****70.00 *****70.00

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: Christopher T. Cecere
Name (Printed or typed)

108 Lakeshore Dr
Address

North Palm Beach FL 33408
City, State & Zip

561-63154378
Daytime Telephone number

99 FEB 26 PM 3:14
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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3/2

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:

CRISKEN internet Inc

ARTICLE II PRINCIPAL OFFICE

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

108 Lake Shore Dr
Suite 1839
N.P.B. FL. 33408

ARTICLE III SHARES

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

5000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Christopher Thomas Cecere
108 Lake Shore Dr
N.P.B. FL 33408

ARTICLE V INCORPORATOR

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

Christopher Thomas Cecere
108 Lakeshore Dr
N.P.B. FL 33408


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

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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FILED