

TRANSMITTAL LETTER

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

P 990000 24/21

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-03/10/99--01040--007
*****78.75 *****78.75

SUBJECT: CYBER COMMERCE 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

☒ \$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: SUE BENSON
Name (Printed or typed)

4630 S. KIRKMAN ROAD, # 450
Address

ORLANDO, FL 32811 - 2802
City, State & Zip

(407) 903 - 1617
Daytime Telephone number

FILED
99 MAR 10 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHESSEN MAR 16 1999

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

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:

CYBER COMMERCE INC.

ARTICLE II PRINCIPAL OFFICE

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

4630 S. KIRKMAN ROAD, # 450
ORLANDO, FL 32811 - 2802

ARTICLE III SHARES

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

1,000,000 (ONE MILLION)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DR. BILL BENSON
4630 S. KIRKMAN ROAD, # 450
ORLANDO, FL 32811 - 2802

ARTICLE V INCORPORATOR

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

SUE BENSON
4630 S. KIRKMAN ROAD, # 450
ORLANDO, FL 32811 - 2802

Sue Benson

Signature/Incorporator

5th March 1999

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

Bill Benson

Signature/Registered Agent

5th March 1999

Date

FILED
MAR 10 PM 1:41
99
SECRETARY OF STATE
TALLAHASSEE, FLORIDA