P99000026465

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

SUBJECT:	Spread Scope. com	Inc
SODJECT:		

(Proposed corporate name - must include suffix)

500002808965--9 -(3/17/99--01051--005 *****78.75 ******78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee & Certificate of Status

□\$78.75 □ \$87.50
Filing Fee Filing Fee,
& Certified Copy & Certified Copy

& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: BARBARA MORIARTY

Name (Printed or typed)

6884 N. KENDALL DRIVE C-30

Address

MIAMI FL 33156

City, State & Zip

1 305 669 - 7933

Daytime Telephone number

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

Dan N

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida State of Provinces Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be:

Spreadscope.com Inc

PRINCIPAL OFFICE

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

6884 North Kendall Drive C-301 Miami, FL 33156

ARTICLE III **SHARES**

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

100,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barbara J Moriarty

6884 North Kendall Drive C-301 Miami, FL 33156

INCORPORATOR

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

Barbara J Moriarty

6884 North Kendall Drive C-301 Miami, FL 33156

Signature/Incorporator

(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