

TRANSMITTAL LETTER

P99000028318

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

400002815.5164- --4  
-03/23/99--01080 --014  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: ActionPlans.com, 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: Kathy Brennan  
Name (Printed or typed)  
9502 Peer Drive  
Address  
DeLand FL 32817  
City, State & Zip  
(407) 657-9383  
Daytime Telephone number

FILED  
99 MAR 23 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

m 3/29/99

### ***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:**

The name of the corporation shall be: ActionPlans.com, Inc.

#### **Article II:**

The principal place of business and mailing address of this corporation shall be: 9502 Peer Drive  
Orlando, FL 32817-3101

#### **Article III:**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100, all of one class, par value.

#### **Article IV:**

The name and Florida street address of the initial registered agent are: Thomas Brennan  
9502 Peer Drive  
Orlando, FL 32817-3101

#### **Article V:**

The name and address of the incorporator to these Articles of Incorporation are: Kathy Brennan  
9502 Peer Drive  
Orlando, FL 32817-3101

Kathy Brennan  
Signature/Incorporator

3/16/99  
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 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.

Thomas J. Brennan  
Signature/Registered Agent

3/16/99  
Date

FILED  
99 MAR 23 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA