

P99000040958  
TRANSMITTAL LETTER

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

300002861189--6  
-05/03/99--01145--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Premium Communication Services, 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Daniel M. Sacca  
Name (Printed of typed)  
4091 Jonquil cr S  
Address  
Palm Bch Gardens, FL 33410  
City, State & Zip  
1561/627-0607  
Daytime Telephone number

FILED  
99 MAY -3 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

5/6/99  
[Signature]

## ARTICLES OF INCORPORATION

1. The name of the corporation shall be: Premium Communication Services, Inc
2. The principal place of business and mailing address of the corporation is: 4091 Jorguil cr S Palm Bch Gdns, FL 33410
3. The corporation shall have the authority to issue 1,000 shares of stock.
4. The registered agent of the corporation is Daniel M Sacca and the registered street address is 4091 Jorguil cr S Palm Bch Gdns Florida 33410.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Daniel M Sacca  
4091 Jorguil cr S Palm Bch Gdns, FL 33410

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Daniel M Sacca whose street address is 4091 Jorguil cr S Palm Bch Gdns, FL 33410

Dated 4/29/99

[Signature]  
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 4/29/99

[Signature]  
Registered Agent

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99 MAY -3 AM 7:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA