

TRANSMITTAL LETTER

99000051073

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

SUBJECT: CitySave.com, Inc.
(Proposed corporate name - must include suffix)

200002891382--8
-06/01/99--01131--016
*****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:

DR DEANE PHAM

Name (Printed or typed)

201 W. Panama Road

Address

Winter Springs, FL 32708

City, State & Zip

407 699 7401

Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned Incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporations.

ARTICLE I NAME

The name of the corporation shall be:

citySave.com, Inc.

ARTICLE II PRINCIPLE OFFICE

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

201 W. Panama Road,
Winter Springs, Florida 32708

ARTICLE III SHARES

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

10,000,000 shares of \$0.00001 per value common stock
which shall be designated "common shares"

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

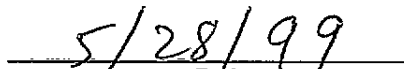
Dr. Deane Van Pham
201 W. Panama Road
Winter Springs, Florida 32708

ARTICLE V INCORPORATOR

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

Dr. Deane Van Pham
201 W. Panama Road
Winter Springs, Florida 32708


Signature/Incorporator


Date

Having been named as registered agent and to accept service of process for the above stated corporation as 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 provision 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA