## TRANSMITTAL LETTER

# P990000 58015

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

SUBJECT: SABOINTL. COM, (Proposed corpo	orate name - must include suffix)
	8000029141282 -06/24/9901052003 *****70.00 *****70.00
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:	
\$\frac{1}{2}\\$70.00  \\$78.75  Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50  Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Jim Taylor Name (	Printed or typed)
Melbourne, FL 32940 City, State & Zip  407-259-1834	
University Daytime Telephone number	

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 <u>NAME</u>

The name of the corporation shall be:

SABOINTL. COM, INC.

# 99 JUN 24 AM 8: 25 SECRETARY OF STATE TALLAHASSEF FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

3556 Long Leaf Dr.

Melbourne, PL 32940

## ARTICLE III SHARES

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

1000, no par value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jim Taylor

3556 Long Leaf Dr.

Melbourne, FL 32940

# ARTICLE V INCORPORATOR

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

Jim Taylor

3556 Long Leaf Dr.

Melbourne, FL 32940

Signature/Incorporator

2/21/99 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

Signature/Registered Agent

6/21/99

Date