

P 990000 58691

TRANSMITTAL LETTER

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

300002915503--0

-06/25/99--01048--004

*****78.75 *****78.75

SUBJECT:

3 B CD.COM, INC.

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN 25 PM 1:27

FILED

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:

Luis OLIVO

Name (Printed or typed)

4636 W Hwy 192 Ste 1019

Address

Kissimmee, FL 34746

City, State & Zip

407 460-1005

Daytime Telephone number

W 14944

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 NAME

The name of the corporation shall be:

3BCD.COM, INC.

ARTICLE II PRINCIPAL OFFICE

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

4636 W Hwy 192 suite 1019
Kissimmee, FL 34746

ARTICLE III SHARES

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

10 million

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Luis Olivo
2212 MARGARITA CT
Kissimmee, FL 34741

ARTICLE V INCORPORATOR

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

Luis Olivo
4636 W Hwy 192 suite 1019
Kissimmee, FL 34746


Signature/Incorporator

6/23/99
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

6/23/99
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA