TRANSMITTAL LETTER

Department of State P9000060598

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

SUBJECT:	2 WEBMEN T (Proposed corpo	NC. rate name - must include suf	fix)	
Enclosed is an origina	al and one(1) copy of the article			. 017 ——9 01066—010 *****78.75
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		THOMSON inted or typed) POINT BLU ddress		
		2 32835 tate & Zip - 6772 lephone 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 NAME

The name of the corporation shall be:

2 WEBMEN INC.

ARTICLE II PRINCIPAL OFFICE

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

226 HARBOR POINT BLVD., ORLANDO, FL 32835

ARTICLE III SHARES

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

1,000. (one THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROBERT THOMSON, 226 HARBOR PT. BLVD., DRLANDO, FL 32835

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

ROBERT THOMSON, 226 HARBOR PT. BLVD., ORLANDO, FL 32835

Signature/Incorporator

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

Date