

(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

700002939787--7
-07/23/99-01037-019
****122.50 ****78.75

Re: MAKE YOUR.COM. , Inc.
(Name of Corporation)

Gentlemen:

P990000067608

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Michael Spade
(Individual's Name)

MAKE YOUR.COM. , INC
(Name of Corporation)

99 JUL 23 PM 4:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAILING ADDRESS OF CORPORATION

8451 MILANO DRIVE #1727

ORLANDO, FL 32810

PHONE

(407) 838-3077

Area Code

Number

Ext.

TS 7/29/99

ARTICLES OF INCORPORATION

of

MAKE YOUR.COM. , INC

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

MAKE YOUR.COM. , INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 900,000 shares of common stock, par value \$ NONE per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	8451 MILANO DRIVE #1727		
CITY	ORLANDO	FLORIDA	ZIP 32810

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	MICHAEL GOUDA		
ADDRESS	1224 ALEXANDRA CT		
CITY	ORLANDO	FLORIDA	ZIP 32804

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TALLAHASSEE, FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have THREE (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ROBERT B. GRANT III		
ADDRESS	1813 KALURNA CT		
CITY	ORLANDO	STATE FLORIDA	ZIP 32806
NAME	MICHAEL DAVIS		
ADDRESS	8451 MILANO DRIVE		
CITY	ORLANDO	STATE FLORIDA	ZIP 32810
NAME	MICHAEL GOUDA		
ADDRESS	1224 ALEXANDRA CT.		
CITY	ORLANDO	STATE FLORIDA	ZIP 32804

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ROBERT B. GRANT III		
ADDRESS	1813 KALURNA CT		
CITY	ORLANDO	STATE FLORIDA	ZIP 32806
NAME	MICHAEL DAVIS		
ADDRESS	8451 MILANO DRIVE		
CITY	ORLANDO	STATE FLORIDA	ZIP 32810
NAME	MICHAEL GOUDA		
ADDRESS	1224 ALEXANDRA CT		
CITY	ORLANDO	STATE FLORIDA	ZIP 32804

The undersigned incorporator(s) have executed these Articles of Incorporation this 10th day of July, 19 99.

Michael Gouda (Signature)

Robert B. Grant III (Signature)

Michael A. Davis (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

MAKE YOUR.COM. , INC

(name of corporation)

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TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 8451 MILANO DRIVE #1727

ORLANDO, FL 32810

has named MICHAEL GOUDA

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

7/10/99

(Date)