P9900078674

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

700002973227-1 -08/30/99-01054-018 *****87.50 *****87.50

SUBJECT: Net Magic of Jacksonville, Inc. (Proposed corporate name - must include suffix)							
Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00							
Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL	X\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED				

FROM:	Samuel R. Rener			
	Name (Printed or typed)			
	5 North San Pablo Circle	For	99	
	Address	CRETARY	AUG	
	Jacksonville Beach, FL 32250	ARY	30	
	City, State & Zip	tuē .		
	(334) 324-5896	FLOR	ယ့	
	Daytime Telephone number		υ Τ	

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

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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:

Net Magic of Jackson ville, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5 North San Pablo Circle Jacksonville Beach, Florida 32250

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

Samuel R. Rener 5 North San Pablo Circle Jacksonville Beach, Florida 32250

ARTICLE V INCORPORATOR

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

Samuel R. Rener 5 North San Pablo Circle

Jacksonville Beach, Florida 32250

Signature/Incorporator

8-29-1999

Date

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

8-29-1999