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TRANSMITTAL LETTER

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

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-09/29/99--01042--013
*****78.75 *****78.75

SUBJECT: Full Count Corporation
(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

☒ \$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: Tom Bourne
Name (Printed or typed)

7755 TEXAS TRAIL
Address

BOCA RATON FL. 33480
City, State & Zip

(561) 988-9070
Daytime Telephone number

99 SEP 29 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

CB
66-1-99
3

**ARTICLES OF INCORPORATION
OF
FULL COUNT CORPORATION**

A FLORIDA CORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - Name

The name of the corporation shall be:

FULL COUNT CORPORATION

ARTICLE II - Principle Office

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

**7755 TEXAS TRAIL
BOCA RATON, FLORIDA 33487**

ARTICLE III - Shares

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

10,000,000 shares

ARTICLE IV - Initial registered Agent


The initial registered agent shall be THOMAS H. BOURNE, having an address of

**7755 TEXAS TRAIL
BOCA RATON, FLORIDA 33487**

ARTICLE V - Incorporator

The incorporator to these Articles of Incorporation is THOMAS H. BOURNE

**7755 TEXAS TRAIL
BOCA RATON, FLORIDA 33487**

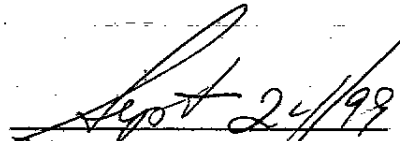

Signature / Incorporator


Date

REGISTERED AGENT

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

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99 SEP 29 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA