

P960000 9/631

TRANSMITTAL LETTER

96 NOV -5 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

800001997018--7
-11/05/96--01171--013
*****70.00 *****70.00

SUBJECT: ACCESS COMPUTER SERVICES, 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

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: NICHOLAS A. POLEFRONE
Name (printed or typed)

14005 LEMON VALLEY PLACE
Address

TAMPA, FL 33625
City, State & Zip

(813) 920-8435
Daytime Telephone number

PH
11/7/94

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ACCESS COMPUTER SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

14005 LEMON VALLEY PLACE
TAMPA, FL 33625

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 (TEN THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NICHOLAS A. POLEFRONE
14005 LEMON VALLEY PLACE
TAMPA, FL 33625

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

NICHOLAS A. POLEFRONE
14005 LEMON VALLEY PLACE
TAMPA, FL 33625

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of OCTOBER, 19 96.

(An additional article must be added if an effective date is requested.)

Nicholas A. Polefrone
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the
of officers

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ACCESS COMPUTER SERVICES, INC.

2. The name and address of the registered agent and office is:

NICHOLAS A. POLEFRONE
(NAME)

14005 LEMONS VALLEY PLACE
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

TAMPA, FL 33625
(CITY/STATE/ZIP)

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.

Nicholas A. Polefrone
(SIGNATURE)

10/23/96
(DATE)