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

SUBJECT:		S UN LIMITED arms - must include suffi		
(110	posou 05/po/220 //	 1	10000 -0	<b>02098941</b> 3 2/26/9701101002 ****78.75 *****78.75
Enclosed is an original afor:  \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	ship of the articles of ship ship ship ship ship ship ship ship	\$131.25 Filing Fee, Certified Copy & Certificate	nd a check
FROM:	1560 NO:M Cit	printed or typed)  N.E. 11	FLA. 8	FILED 97 FEB 26 AM & 45 SECTION AND A SECTIO

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

## ARTICLES OF INCORPORATION

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: NETWORKS UNLIMITED FUC. **ARTICLE II** PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1560 N.E. 17/5 ST. NO. MAMI BOH. FUA. 33162 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 address of the initial registered agent is: THOMAS C. JOHNSON 1560 N.E. MIST ST. NO. MAMI ECH. PLA. 33162

## 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):

HOMAS C. JOHNSON 1560 N.E. 17/ST St. NV. MIAMI BoH. Fr.A. 33/62

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

day of Fas. , 19 97.

Signature

Signature

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

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:	NETWORKS	UNLIMITED	The 9		
	•			11111111111111111111111111111111111111		
2.	The name and address of the registe	Y OF STATE				
		(NAME)	JoHNSON	8: 45 TATE LORIDA		
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)						
	No. M	MAN BOFFI. (CITY/STATE/ZIP)	FLA. 3316	(n		

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.

:IJ

Jane C (SIGNATURE) PAZZAGO (DATE)