

TRANSMITTAL LETTER

P99000049025

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

SUBJECT: AlyGator Systems, Inc.  
(Proposed corporate name - must include suffix)

300002886683--5  
-05/26/99--01011--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Alyson L. Kimball  
Name (Printed or typed)

5624 Finley Dr.  
Address

Port Orange FL 32127  
City, State & Zip

904.679.7358  
Daytime Telephone number

99 MAY 26 AM 9:48  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ACI

**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: AlyGator Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2763 E. Waco Dr.  
Deltona, FL. 32738

ARTICLE III SHARES

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

Ten (10)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Alyson L. Kimball  
5624 Finley Dr.  
Port Orange, FL. 32127

ARTICLE V INCORPORATOR

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

Alyson L. Kimball  
5624 Finley Dr.  
Port Orange, FL. 32127

Alyson L. Kimball  
Signature/Incorporator

5.24.99  
Date

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

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

Alyson L. Kimball  
Signature/Registered Agent

5.24.99  
Date

99 MAY 26 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED