

TRANSMITTAL LETTER

P 00000000 4407

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

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-01/07/00-01070-002
*****87.50 *****87.50

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN -7 PM 2:56

FILED

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: Clinton L. Combs
Name (Printed or typed)

13758 Danforth Drive South
Address

Jacksonville, FL 32224
City, State & Zip

(904) 223-4799
Daytime Telephone number

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

JAN 15 1999

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:

Puzzlecode, Inc.

ARTICLE II PRINCIPAL OFFICE

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

13758 Danforth Drive South
Jacksonville, FL
32224

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Shirley A. Combs
13758 Danforth Drive South
Jacksonville, FL 32224

ARTICLE V INCORPORATOR

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

Clinton L. Combs
13758 Danforth Drive South
Jacksonville, FL 32224

Clinton L. Combs

Signature/Incorporator

Jan. 5, 2000

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

Shirley A. Combs

Signature/Registered Agent

1-5-2000

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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