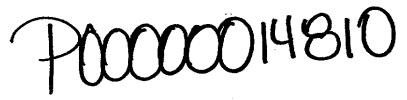
Division of Corporations

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9545644533

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : PARALEGAL SOLUTIONS FT LAUDERDALE

Account Number : 119990000257

Phone

: (954)565-9929

Fax Number

: (954)565-1347

FLORIDA PROFIT CORPORATION OR P.A.

JT Cyber Technologies, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	91
Estimated Charge	\$78.75

B. McKnigh: FEB 1 1 2000

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ARTICLES OF INCORPORATION

9545644533

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:

JT Cyber Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2736 Fawn Drive

Loxahatchee, FL 33470

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is : 100 shares

ARTICLE IV DIRECTORS

The number of directors constituting the initial board of directors is one (1), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Jeffrey Kenneth Moore

3241 Old Hickory Court

Davie, FL 33328

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Timothy Lawrence Watts

2736 Fawn Drive

Loxahatchee, FL 33470

ARTICLE VI INCORPORATOR

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

Timothy Lawrence Watts

2736 Fawn Drive

Loxahatchee. FL 33470

Signature/Incorporator

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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