

Division of Corporations

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4001

From:
Account Name : PARALEGAL SOLUTIONS FT LAUDERDALE
Account Number : I19990000257
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	01
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 11 AM 9:32

B. McKnight FEB 11 2000

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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:
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

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Signature/Incorporator


Date

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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