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TRANSMITTAL LETTER

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

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-02/10/00--01092--007
*****78.75 *****78.75

Subject Quadriga Technology Corporation

Enclosed is an original and one (1) copy of the articles of incorporation and a check for

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$122.50
Filing Fee
& Certified Copy
(ADDT'L COPY REQ'D)

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate
(ADDT'L COPY REQ'D)

FROM:	Philip K. Akalp
	29395 Agoura Road, Suite 204 Agoura Hills, California 91301

FILED
00 FEB 10 PM 5:14
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

S. Thompson FEB 15 2000

ARTICLES OF INCORPORATION
OF
Quadriga Technology Corporation

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: Quadriga Technology Corporation

ARTICLE II PRINCIPAL OFFICE

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

182 NE WaveCrest Way
Boca Raton, Florida 33432

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 100,000 shares at No par value par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. E. Alexander James
182 NE WaveCrest Way
Boca Raton, Florida 33432

ARTICLE V INCORPORATOR

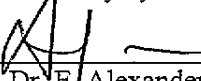
The name and address of the incorporator to these Articles of Incorporation is:

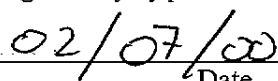
Philip K. Akalp
29395 Agoura Road, Suite 204
Agoura Hills, California 91301


Philip K. Akalp, 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.


Dr. E. Alexander James, Registered Agent


Date

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