POOCOOS 8770

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

000003140270--4 -02/18/00--01036--014 *****87.50 *****87.50

SUBJECT:	InterSource	Information	Technologies	Inc.
	(Proposed	corporate name - must include suff	ix)	

Enclosed is an origina	and one(1) copy of the articles	s of incorporation and a	check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Co & Certificat Status	e of		
	Ļ	ADDITIONAL CO	PY REQUIRE	Z D		
FROM:	Kevin M. Co	ok ated or typed)	<u>,</u> -	-		- 4 -
	1754 Lord B		·			
	Jacksonville City, Si	, FL 32 ate & Zip	223		ء محصر سال ال	
	(904) 292-0		TALLAJIA	00 FEB	τī	· .
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NO	OTE: Please provide the orig	inal and one copy of t	حر the articles.			

(10.

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:
InterSource Information Technologies Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
1754 Lord Byron Ln Jacksonville, FL 32223
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
Julie T. Cook
1754 Lord Byron Ln Jacksonville FL 32223
INCIDENT INVOICE CONTRACTOR CONTR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Kevin m. Cook
1754 Lord Byron Ln Jacksonville, FL 32223
Kein M. Cook 2/13/2000
Signature/Incorporator 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 age	ent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete	e performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	1
obligations of my position as registered agent	2/14/200

Signature/Registered Agent

Date