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TRANSMITTAL LETTER

00 MAR -6 PM 12:31

FLORIDA

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

SUBJECT: KMW Technology Services, Inc.
(Proposed corporate name - must include suffix)

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-03/06/00--01147--012
*****87.50 *****87.50

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: Scott C. Withrow, Esq.
Name (Printed or typed)

3379 Peachtree Road, NE, Suite 970
Address

Atlanta, Georgia 30326
City, State & Zip

(404) 814-0200
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
KMW TECHNOLOGY SERVICES, INC.**

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CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

I.

The name of the Corporation is: **KMW TECHNOLOGY SERVICES, INC.**

II.

The initial registered office of the Corporation shall be at 1201 Hays Street, Tallahassee, Florida 32301. The initial registered agent of the Corporation at such address shall be Corporation Service Company.

III.

The mailing address of the initial principal office of the Corporation is 63 Tallwood Road, Jacksonville Beach, Florida 32250.

IV.

The Corporation shall have authority to issue up to 100,000 shares of stock. The stock shall have unlimited voting rights and shall be entitled to receive the net assets of the Corporation upon dissolution.

V.

The name and address of the incorporator is:


NAME

ADDRESS

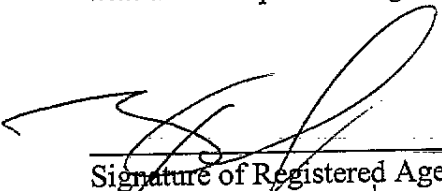
Scott C. Withrow

3379 Peachtree Road, N.E.
Suite 970
Atlanta, Georgia 30326

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation.


Scott C. Withrow, 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 of Registered Agent

Date

3/2/2000

Print Name

BRIAN COURTNEY, ASST. V.P.

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA