

TRANSMITTAL LETTER

P000000 26283

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

SUBJECT: Managing Information Technology Inc.
(Proposed corporate name - must include suffix)

500003170185--2

-03/15/00--01001--021

*****78.75 *****78.75

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

RECEIVED
MAR 14 PM 3:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FROM:

James P. Hammond

Name (Printed or typed)

440 N.W. 19th St.

Address

Homestead, FL, 33030

City, State & Zip

305 - 246 - 1325

Daytime Telephone number

SECRET
MAR 15 AM 9:20
VOLUME 15, PAGE 100

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

Mail Out

T. SMITH MAR 15 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Managing Information Technology, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

440 N.W. 19th Street, Homestead, Florida 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

sales and export of Computer products

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

James P. Hammond President 440 N.W. 19th Street, Homestead, FL
Ginny Hammond Sec. Tres. 440 N.W. 19th Street, Homestead, FL 33030

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

James P. Hammond
440 N.W. 19th Street, Homestead, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

James P. Hammond
440 N.W. 19th Street Homestead, FL 33030

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

3-10-2000
Date


Signature/Incorporator

3-10-2000
Date

FILED
MAR 15 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA