

# P00000070342

## TRANSMITTAL LETTER

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

100003330191--1  
-07/20/00--01087--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** ITSS, INC.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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:** KENNETH L. WUELFING

Name (Printed or typed)

3285 WALTER TRAVIS DRIVE

Address

SARASOTA, FL 34240

City, State & Zip

941-371-1146

Daytime Telephone number

RECEIVED  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

00 JUL 20 PM 4:12

FILED

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

FILED

00 JUL 20 PM 4:12

CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF ITSS, INC.

ARTICLE I NAME OF CORPORATION  
ITSS, INC.

ARTICLE II PRINCIPAL OFFICE  
The principal place of business/mailling address is: 3285 WALTER TRAVIS DRIVE  
SARASOTA, FL 34240

ARTICLE III PURPOSE  
The purpose for which the corporation is organized: The operation of a consulting  
business and all things incidental to same.

ARTICLE IV SHARES  
The number of shares of stock is: 100

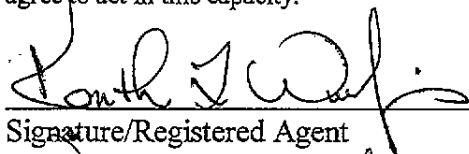
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  
President Kenneth L. Wuelfing, 3285 Walter Travis Drive, Sarasota, FL 34240  
Treasurer and Secretary Joanne Wuelfing, 3285 Walter Travis Drive, Sarasota, FL 34240

ARTICLE VI REGISTERED AGENT  
The name and Florida Street address of the registered agent is:  
Kenneth L. Wuelfing, 3285 Walter Travis Drive, Sarasota, FL 34240

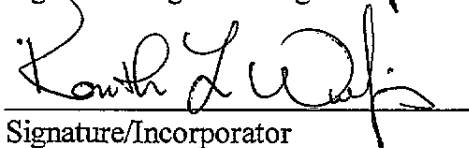
ARTICLE VII INCORPORATOR  
The name and address of the Incorporator is:  
Kenneth L. Wuelfing, 3285 Walter Travis Drive, Sarasota, FL 34240

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Having been named as registered agent to accept service of process for the above stated corporation at the  
place designated in this certificate, I am familiar with and accept the appointment as registered agent and  
agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent

7/19/00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/19/00  
\_\_\_\_\_  
Date