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TRANSMITTAL LETTER

FILED
00 AUG -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

700003347487--8
-08/07/00--01095--022
*****87.50 *****87.50

SUBJECT:

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

FROM: PHILLIP P. FICARROTTA
Name (Printed or typed)

13902 BITTERSWEET WAY
Address

TAMPA, FL 33625
City, State & Zip

(813) 624-4568
Daytime Telephone number

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

D. BROWN AUG 11 2000

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporation, 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:

WARRIOR COMMUNICATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

13902 BITTERSWEET WAY, TAMPA, FL 33625

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and florida street address of the initial registered agent are:

NELSON CAPORICE
ALBANO & ASSOCIATES
1506 E. DR. MARTIN L. KING BLVD
TAMPA, FL 33610

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ARTICLE V INCORPORATOR

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

PHILLIP P. FICARROTTA
13902 BITTERSWEET WAY
TAMPA, FL 33625

Phillip P. Ficarrotta
Signature/Incorporator

Date 7-31-00
7-31-2000

(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 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

Heidi Cooper
Signature/Registered Agent

7-31-2000
Date