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

SUBJECT:

FLORIDA AT WIRELESS, INC.

(Proposed corporate name - must include suffix)

000003451960--3 -11/03/00--01102--003 ****122.50 *****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

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: MICHAEL A ADAMS

Name (Printed or typed)

11714 WATERSTAR COURT

Address

ORLANDO, FL 32837

City, State & Zip

(407) 240-3414

Daytime Telephone number

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



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.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

FLORIDA AT WIRELESS, INC.



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

11714 WATERSTAR COURT ORLANDO FL 32837

<u>ARTICLE III SHARES</u>

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

10,000 SHARES OF \$1.00 PAR VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL A ADAMS 11714 WATERSTAR COURT ORLANDO FL 32837

ARTICLE V INCORPORATOR

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

MICHAEL A ADAMS 11714 WATERSTAR COURT ORLANDO FL 32837

Signature/Incorporator

///2/50 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 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

Date