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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

01 MAR 22 AM 8:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.**NOCTURNAL SOFTWARE, INC.**

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Capital Connection, Inc.

N. CULLIGAN MAK 23 2001 ✓

ARTICLES OF INCORPORATION
OF
NOCTURNAL SOFTWARE, INC.

The undersigned incorporator, 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 is **NOCTURNAL SOFTWARE, INC.**

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ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **1946 Bermuda Pointe Drive, Haines City, FL 33844.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares having a par value of \$1.00 per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Robert L. Shear, Esquire, 2790 Sunset Point Road, Clearwater, FL 33759.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is:

Robert W. Fisher - President/Secretary/Treasurer/Director
1946 Bermuda Pointe Drive, Haines City, FL 33844.

The undersigned has executed these Articles of Incorporation this 22nd day of March, 2001.

"Capital Connection, Inc. by Kim Clemons, Client Representative"

Kim Clemons

KIM CLEMONS

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: NOCTURNAL SOFTWARE, INC.
2. The name and street address of the registered agent and office is:
ROBERT L. SHEAR, Esquire
2790 Sunset Point Road
Clearwater, FL 33759

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.


Robert L. Shear, Esquire

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