PARAMETER SULF

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

Tallahassee, FL 32	314	•		, .
SUBJECT: No Proposed corporate name - must include suffix)				
		•	` 5 0000389 (08/21/01 *****87 . 50	U1U55UU6
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	S78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of	
FROM: FROM: FROM: Susiness Services Inc. Name (Printed or typed)				
9946 NW 49 TERRACE Apldress Apldre				
M, Am 1 Je 33178-1919 AR 2 To City, State & Zip				

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

5/20

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.

NAME ARTICLE I

The name of the corporation shall be:

Information Technology Professionals, Inc

ARTICLE II PRINCIPLE OFFICE

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

1241 Bel Aire Drive East Suite 200 Pembroke Pines FL 33027

ARTICLE III **SHARES**

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

J. Will Morris Biscayne Building Suite 1400 19 West Flagler Street Miami FL 33130

ARTICLE V INCORPORATOR

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

Mark Parente Suite 200 1241 Bel Aire Drive East, Pembroke Pines FL 33027

Signature/Incorporator

(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

OFFICERS OF THE COMPANY

President / Director

Mark R Parente
1241 Bel Aire Drive East Suite 200
Pembroke Pines FL 33027