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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone : (904)398-3911

Fax Number : (904)396-0663

FLORIDA PROFIT CORPORATION OR P.A.

Applied Cartographic Technologies, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION OF APPLIED CARTOGRAPHIC TECHNOLOGIES, INC.

ARTICLE I

Name

The name of this corporation is:

APPLIED CARTOGRAPHIC TECHNOLOGIES, INC.

SECRETARY OF STATE DIVISION OF CORPORATIONS OF MAY 11 PM 12: 10

ARTICLE II

Purpose

The general nature of the business or businesses to be transacted is to do all and everything necessary and proper for the accomplishment of the objects necessary or incidental to the benefit and protection of the corporation, and to transact any lawful business and to exercise all powers granted to corporations by the laws of the State of Florida.

ARTICLE III

Stock

The maximum number of shares with par value that this corporation is authorized to have outstanding at any one time is One Hundred Thousand (100,000) shares of the par value of One Cent (\$0.01) each.

ARTICLE IV

Perpetual Existence

This corporation is to have perpetual existence.

NAME

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ARTICLE V

Principal Office: Mailing Address

The principal office and mailing address of this corporation will be at 18419 N.W. 39th Place, Newberry, FL 32669, or such other address as the Board of Directors may from time-to-time designate.

ARTICLE VI

Directors

The number of its directors shall not be less than one (1) but may be such greater number as may be elected by the stockholders from time to time.

The name and address of the members of the first board of directors, who shall hold office for the first year of the existence of the corporation or until their successor is elected or appointed is:

ADDATEGG

NAME	ADDRESS
Charles F. Sidman, III	18419 N.W. 39th Place Newberry, FL 32669
David A. Fann	18419 N.W. 39th Place Newberry, FL 32669
Robert A. Swett	18419 N.W. 39th Place Newberry, FL 32669

ARTICLE VII

Incorporator

The name and address of the sole incorporator of the corporation is as follows:

NAME
ADDRESS

Charles F. Sidman, III 18419 N.W. 39th Place
Newberry, FL 32669

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ARTICLE VIII

Registered Agent

The name of the initial registered agent of this corporation and the street address of the initial registered office of this corporation is

NAME

<u>ADDRESS</u>

Charles F. Sidman, III

18419 N.W. 39th Place Newberry, FL 32669

ARTICLE IX

Amendment

This corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this 3 day of May, 2001.

Charles F. Sidman, III

Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the below named 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:

APPLIED CARTOGRAPHIC TECHNOLOGIES, INC.

2. The name and address of the registered agent and office are:

Charles F. Sidman, III 18419 N.W. 29th Place Newberry, FL 32669

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:

S: (

harles E Sidmon III

DATE:

May 3,2001

SECRETARY OF STATE
DIVISION OF CORPORATIONS

H:https://SMINSidman/Formation Documents/Articles of Incorporation