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Transmittal Letter

01 JUL 19 PM 1:08

SEGNETAME OF STATE TALLAHASSEE, FLORIDA

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

Digital Network Architecture Consultants Inc. SUBJECT:

(Proposed corporate name - must include suffix)

800004486258--1 -07/19/01--01073--004 *****78,75 *****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 Filing Fee & Certified Copy **\$131.25**

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

177 SW 108 Ave Suite B-120 Address

(305) 595-9034

Daytime Telephone number

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

FI Form 2

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ARTICLES OF INCORPORATION SECTION STATE
1. The name of the corporation shall be: Digital Network Architecture Consulants In
2. The principal place of business and mailing address of the corporation is: 10477 SW 108 th Ave. Suite 13-120 Miam: Fl 33176
3. The corporation shall have the authority to issue 1,000,000 shares of stock.
4. The registered agent of the corporation is Louis Vargas and the registered street address is 10477 Sw 108 Ave Suite B-120 Miami. Florida 33176.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: Louis Vargas and Sabriela Vargas 10977 SW 1087 Ale Suite 13 120 Miam; F1 37176
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
6. The incorporator of this corporation is Louis Vargas whose street address is 10477 SW 108th We B-120 Mian: F1 33176
Dated 7/14/01 Journal Incorporator
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 arm familiar with and accept the obligations of my position as registered agent.

Registered Agent