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FILED

01 AUG -6 AM 10:30

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004518849--8
-08/06/01--01059--017
*****78.75 *****78.75

SUBJECT: Excaliber Technix, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

TRAVONDA L GREEN

Name (Printed or typed)

PO Box 678829

Address

Orlando FL 32867

City, State & Zip

(407) 679-6078

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Excaliber Technix, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 678829
Orlando, FL 32867

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide network, telecommunications, multimedia, web and other business services primarily to other businesses.

ARTICLE IV SHARES

The number of shares of stock is:

50,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Travonda L. Green PO Box 678829, Orlando FL 32867
Michael Thomas 2638 Newbolt Dr, Orlando, FL 32817

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Michael Thomas
2638 Newbolt Dr.
Orlando FL 32817

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Travonda L. Green
PO Box 678829
Orlando, FL 32867

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date