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TRANSMITTAL LETTER
FILED

02 FEB -1 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-02/01/02--01050--001

*****87.50 *****87.50

SUBJECT: INTEGRATED SYSTEMS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DEAN W. BECKEN
Name (Printed or typed)

7000 EAST HILLS WAY
Address

WOODSTOCK GA 30189
City, State & Zip

(770) 928-3778
Daytime Telephone number

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

CB 2-6

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:

INTEGRATED SYSTEM INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4901 NE 28th AVE.

LIGHTHOUSE POINT, FL. 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMPUTER SALES

ARTICLE IV SHARES

The number of shares of stock is:

7500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DEAN W. BELKEN
7000 EAST HILLS WAY
KODAK STOKER GA. 30189

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

x

Signature/Registered Agent

Signature/Incorporator

1/28/02
Date

1.23.02
Date

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED 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 INTEGRATED SYSTEMS INC.

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

CT CORPORATION SYSTEM
(NAME)

1200 SOUTH PINE ISLAND ROAD
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PLANTATION FL 33324
(CITY/STATE/ZIP)

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.

X 
(SIGNATURE)

1/28/02
(DATE)

Allan Farnell, Assistant Vice
President

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314