# Po2000076919

TRANSMITTAL LETTER

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

SUBJECT: DIGILINK COMPUTER & NETWORK DESIGN, INC.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for ...

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

\$70.00

\$78.75

\$78.75

\$87.50

Filing Fee

Filing Fee

Filing Fee

Filing Fee,

& Certificate of Status & Certified Copy

Certified Copy & Certificate of

Status

FROM:

DIGILINK COMPUTER & NETWORK DESIGN, INC.

Name (Printed or typed)

5120 E. TEMPLE HEIGHTS ROAD #D

500006401556---7 -07/15/02--01039--018 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Address

**TAMPA, FL 33617** 

City, State & Zip

(813) 308-5465

Daytime Telephone number

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

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# ARTICLES OF INCORPORATION

The undersigned incorporation, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

DIGILINK COMPUTER & NETWORK DESIGN, INC.

# ARTICLE II PRINCIPAL OFFICE

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

5120 E. TEMPLE HEIGHTS ROAD, #D TAMPA, FL 33617

### ARTICLE III SHARES

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

100

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NELSON CAPORICE ALBANO & ASSOCIATES 1506 E. MARTIN L. KING BLVD. TAMPA, FL 33610 (813) 247-2060

### ARTICLE V INCORPORATOR

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

DANIEL SERRANO 5120 E TEMPLE HEIGHTS ROAD, #D TAMPA, FL 33617 (813)

Signature/Incorporator

Date

BECRETARY OF STATE TALLAHASSEE FLORIDA

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

5-8-02

Date

SECRETARY OF STATE TALLAHASSEE, FLORIDA