

P02000/0708/

TRANSMITTAL LETTER

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

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-10/02/02--01036--003
*****78.75 *****78.75

SUBJECT: Ntellisoft, Inc.
(Proposed corporate name - must include suffix)

FILED
02 OCT -2 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

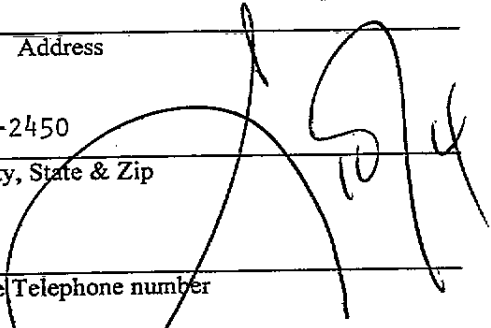
ADDITIONAL COPY REQUIRED

FROM: Anthony Newman
Name (Printed or typed)

Post Office Box 2450
Address

Eaton Park, FL 33840-2450
City, State & Zip

(863) 609-0108
Daytime Telephone number



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

ARTICLES OF INCORPORATION

ARTICLE I – NAME

The name of the corporation shall be:

Ntellisoft, Inc.

ARTICLE II – PRINCIPAL OFFICE

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

c/o Hamic & Shivers, P.A., C.P.A.'s
Post Office Box 2597
Lakeland, FL 33806-2597

ARTICLE III – SHARES

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

1,000,000 Shares

ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

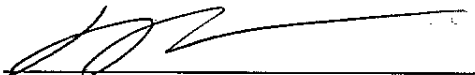
Anthony Newman
317 West Central Avenue, Suite 201
Winter Haven, FL 33880

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ARTICLE V – INCORPORATOR

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

Anthony Newman
Post Office Box 2450
Eaton Park, FL 33840-2450

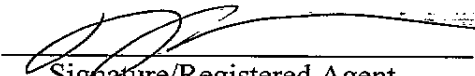


Signature/Incorporator

9-10-02

Date

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

9-10-02

Date

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TALLAHASSEE FLORIDA