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TRANSMITTAL LETTER

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

SUBJECT: EX	tensicom inc		
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	James Young Name	(Printed or typed)	
	6397 Shadow Creek Villag	<u> </u>	
	7	Address	···
	Lake Worth, Florida 33463	3	
	City,	State & Zip	
	561-304-0109		
	Daytime T	elephone 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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Extensicom Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6397 Shadow Creek Village Circle Lake Worth, Florida 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide technical services.



ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

James Young, 6397 Shadow Creek Village Circle, Lake Worth, Florida 33463 President James Young, 6397 Shadow Creek Village Circle, Lake Worth, Florida 33463 Vice President James Young, 6397 Shadow Creek Village Circle, Lake Worth, Florida 33463 Treasurer James Young, 6397 Shadow Creek Village Circle, Lake Worth, Florida 33463 Secretary

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

James Young 6397 Shadow Creek Village Circle Lake Worth, Florida 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Young 6397 Shadow Creek Village Circle Lake Worth, Florida 33463

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/Portictored Agent

Signature/Incorporator

O2/03/03

Date