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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

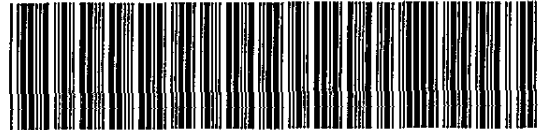
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03 MAY -9 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

6/5/03

TRANSMITTAL LETTER

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

SUBJECT: USERSIGHT CORPORATION

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

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certification of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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FROM: Edward A. Marvinney
11 S.W. 94th Terrace
Plantation, FL 33324

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

ARTICLES OF INCORPORATION

The undersigned incorporator, 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:

Usersight Corporation

ARTICLE II PRINCIPAL OFFICE

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

**11 S.W. 94th Terrace
Plantation, FL 33324**

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Edward A. Marvinney
11 S.W. 94th Terrace
Plantation, FL 33324**

ARTICLE V INCORPORATOR

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

**Edward A. Marvinney
11 S.W. 94th Terrace
Plantation, FL 33324**



Signature/Incorporator

5/7/03

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

5/7/03

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA