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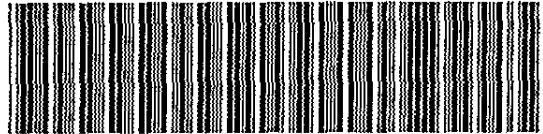
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: IGDS INNOVATIONS, 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: JOHN ROBERT LAX
Name (Printed or typed)

16102 DARNELL ROAD
Address

LUTZ FLORIDA 33549
City, State & Zip

813-971-3245
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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Article 1: The name of the corporation shall be:

IGDS Innovations, Inc.

Article 2: The principal place of business and mailing address is:

16102 Darnell Road
Lutz, FL 33549

Article 3: The corporation shall have the authority to issue -One Thousand- shares of stock.

Article 4: The registered agent of the corporation is:

John Robert Lax

The registered street address is:

16012 Darnell Road
Lutz, FL 33549

Article 5: The initial Board of Directors shall have TWO members whose names and addresses are:

John R. Lax
16102 Darnell Road
Lutz, FL 33549

Robin M. Lax
16102 Darnell Road
Lutz, FL 33549

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but in no case shall be less than one.

Article 6: The name of the incorporator of this corporation is JOHN ROBERT LAX
whose street address is 16102 Darnell Road; Lutz, FL 33549

Dated 11 JUNE 2003

John Robert Lax
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 11 JUNE 2003

John Robert Lax
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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