# P0300094272

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            |           |
| (Ac                     | idress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | MAIT               | MAIL      |
| (Bı                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         | Office Use Onl     | iv        |



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SECRETAGE STATE

# TRANSMITTAL LETTER

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

| SUBJECT:            | AGTS INC                             |                            |                                       |
|---------------------|--------------------------------------|----------------------------|---------------------------------------|
|                     | (PROPOSED CORPORA                    | TE NAME – <u>MUST INCL</u> | ude suffix)                           |
|                     |                                      |                            |                                       |
| Enclosed are an ori | iginal and one (1) copy of the arti- | cles of incorporation and  | a check for:                          |
| □ \$70.00           | <b>△</b> \$78.75                     | <b>□</b> \$78.75           | \$87.50                               |
| Filing Fee          | Filing Fee                           | Filing Fee                 | Filing Fee,                           |
| · ·                 | & Certificate of Status              | & Certified Copy           | Certified Copy                        |
|                     |                                      |                            | & Certificate of                      |
|                     |                                      |                            | Status                                |
|                     |                                      | ADDITIONAL CO              | PY REQUIRED                           |
| FROM:               | Dr. Satendra K. Agrawal              |                            |                                       |
| ricom               | Name                                 | (Printed or typed)         | ,                                     |
|                     |                                      |                            |                                       |
|                     | 3009 4                               |                            |                                       |
|                     | 3908 Autumn Dr.                      | Address                    | · · · · · · · · · · · · · · · · · · · |
|                     |                                      |                            |                                       |
|                     | Huron, OH 44839                      |                            |                                       |
|                     |                                      | State & Zip                |                                       |
|                     | -                                    | ·                          |                                       |
|                     | 419-239-1002                         |                            |                                       |
|                     | Daytime To                           | 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)

# ARTICLE I NAME

The name of the corporation shall be:

AGTS INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2747 Colonial Blvd. #102 Ft. Myers, FL 33907

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Software development and sales

#### ARTICLE IV SHARES

The number of shares of stock is:

1000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Satendra K. Agrawal, President/CEO Barbara A. Agrawal, Secretary 3908 Autumn Dr. Huron, OH 44839

# ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Leonard LaRose 3032 SW 5th Ave. Cape Coral, FL 33914

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Satendra K. Agrawal 3908 Autumn Dr. Huron, OH 44839

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/Registered Agent

Signature/Incorporator

August 20, 2003

Date

August 20, 2003

Date

SECHETARY OF STATE