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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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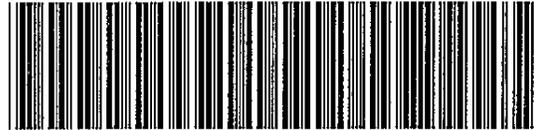
(Business Entity Name)

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INEFFECTIVE DATE
1-30-04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 29 PM 2:46

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OB 2/6

TRANSMITTAL LETTER

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

SUBJECT: ACEQUIA NETWORKS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

FROM: GELBER AND COMPANY

Name

11450 INTERCHANGE CIRCLE NORTH

Address
MIRAMAR, FL 33025

City, State & Zip

954-435-4222

Daytime Telephone number

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04 JAN 29 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1-20-04

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:

ACEQUIA NETWORKS, INC.

ARTICLE II - PRINCIPAL OFFICE

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

**629-A EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COMPUTER CONSULTING & SALES

The number of shares of stock is: 100

ARTICLE V REGISTERED AGENT

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

**ANDRE HENRY
629-A EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441**

ARTICLE VI INCORPORATOR

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

**ANDRE HENRY
629-A EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL**

ARTICLE VII EFFECTIVE DATE

The effective date of this corporation shall be: **JANUARY 20, 2004**



Signature/Incorporator

1/15/04

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

1/15/04

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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