

P04000024443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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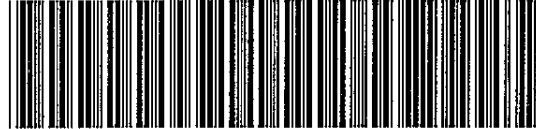
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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**

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Name

11450 INTERCHANGE CIRCLE NORTH

---

Address  
MIRAMAR, FL 33025

---

City, State & Zip

954-435-4222

---

Daytime Telephone number

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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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