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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**SPILTERMIND TECHNOLOGIES, INC.**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
SPLINTERMIND TECHNOLOGIES, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**SPLINTERMIND TECHNOLOGIES, INC.**

The principal place of business of this corporation shall be:

**622 S 11<sup>TH</sup> ST APT 10 FT PIERCE FL 34950**

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

**500 (FIVE HUNDRED)**

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President:     **MICHAEL HEDRICK**  
                  **622 S 11<sup>TH</sup> STREET APT 10**  
                  **FT PIERCE FL 34950**

Vice President: **NATHAN FUTCH**  
                      **1717 LINWOOD AVE**  
                      **FT PIERCE FL 34982**

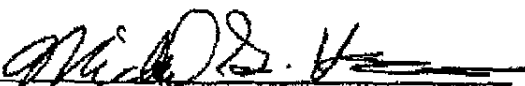
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

**MICHAEL HEDRICK**  
**622 S 11<sup>TH</sup> ST APT 10**  
**FT PIERCE FL 34950**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)  
EXECUTED THESE ARTICLES OR INCORPORATION THIS 04<sup>TH</sup> DAY OF  
FEBRUARY 2004.**

**SIGNATURE(S) OF INCORPORATOR(S)**



**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is:

**SPLINTERMIND TECHNOLOGIES, INC.**

2. The name and address of the registered agent and office is:

**MICHAEL HEDRICK  
622 S 11<sup>TH</sup> ST APT 10  
FT PIERCE FL 34950**

SIGNATURE

DATE

*Michael B. Hedrick*  
2/4/04

Having been named to accept the service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

SIGNATURE

DATE

*Michael B. Hedrick*  
2/4/04

Prepared by:  
Novice's Accounting & Tax Service, Inc.  
805 Virginia Ave Suite 29  
Ft Pierce FL 34982  
(772) 461-5987

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