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TRANSMITTAL LETTER

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

SUBJECT: Con	nmX, Inc. (PROPOSED CORPORA)	E NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	1	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	S. Allison Hicks, Esq.			.	ı
	Name (Printed or typed)		NOF 70	ΞŞ
3550 Buschwood Park Drive, Suite 320				E	
	A	ddress		80	`****** !.,
	Tampa, FL 33618-4450			P)) :	/
	City, State & Zip			<u> </u>	
	813-933-6767 Ext. 108			lie I	
	Daytime Te	lephone 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:

CommX, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3550 Buschwood Park Drive, Suite 320

Tampa, FL 33618-4450

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in or transact any and all lawful activites or business permitted in Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael A. Viren, PhD: Chief Executive Officer

Oscar J. Williams: President Daniel Montague: Treasurer

Bruce W. Wilkinson, Esq.: Secretary

ARTICLE VI REGISTERED AGENT

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

S. Allison Hicks, Esq. 3550 Buschwood Park Drive, Suite 320 Tampa, Florida 33618-4450

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Oscar J. Williams 3550 Buschwood Park Drive, Suite 320 Tampa, Florida 33618-4450

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 5-ALLISON HICKS

Signature/Incorporator
OSCAR J. WILLAMS

6/14/04 Date

14/04

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