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TRANSMITTAL LETTER

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

SUBJECT: EnigM	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$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:	Eric James Fuller		
	Name (Printed or typed) 420 Timber Ridge Drive Address		
	Longwood, FL 32779	, State & Zip	
	(407) 772-1745 Daytime	Telephone 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:

EnigMIT, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 420 Timber Ridge Drive Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Information Technology (IT) consulting for the Healthcare Industry

7005 FEB -U P W 1 SECRETARY OF STATE

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):

Eric James Fuller
420 Timber Ridge Drive, Longwood, Florida 32779
President and CEO
Douglas Gregory Fuller
13 Banff Drive, Mullica Hill, NJ 08062
CFO

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Eric James Fuller 420 Timber Ridge Drive Longwood, FL 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eric James Fuller 420 Timber Ridge Drive Longwood, FL 32779

ature/Incorporator 2/2/05
Date