# P05000001848

(Re	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phone	<b>→</b> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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05 APR 27 AM 8: 22 SECRETARY OF STATE TALLAHASSEE FLORIDA

with water ADD is 9 'min

# TRANSMITTAL LETTER

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

SUBJECT:	DIGITAL EYE		
	(PROPOSED CORPORA	TE NAME – <u>MUSTINCL</u>	UDESUFF(X)
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	l 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:	712 LEWALD W	(Frinted of typed)	
	•	State & Zip	
•	386- 212 - 65 Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 18, 2005

MARGARET DUKES 712 LEWARD WAY PORT ORANGE, FL 32129

SUBJECT: DIGITAL EYES, INC. Ref. Number: W05000019536

We have received your document for DIGITAL EYES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000054682 (DIGITAL EYE, INC.).

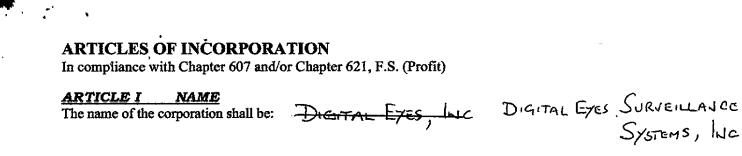
Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 505A00026375

RECEIVED



Systems, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

712 LEWARD WAY, PORT ORANGE, FL. 32129

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF CCTY SURVEILLANCE SYSTEMS

#### ARTICLE IV SHARES

100 The number of shares of stock is:

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):

MARGARET DUKES, PRESIDENT 712 LEWARD WAY, PORT ORANGE, FL, 32129

## REGISTERED AGENT

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

MARGARET DUKES, 712 LEWARD WAY, BRT ORANGE, FL. 32129

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARGARET DUKES, 712 LEWASS WAY, PORT ORANGE, FZ. 32129.

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

april 10, 2005