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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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2007 OCT 29 PH 4: 06
SECKETARY OF STATE
TALLAHASSEE

COVER LETTER

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

| SUBJECT: ATA Systems, Inc. | | |
|---|---|--|
| (PROPOSED CORPORAT | TE NAME – <u>MUST INCLUDE SUFFIX</u>) | |
| Enclosed are an original and one (1) copy of the artic | les of incorporation and a check for: | |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | |
| FROM: Robecca Jacobs Name (Printed or typed) | | |
| 7580 TOSCONA BIND #831 | | |
| orlando FC scity, s | Sato 7 State & Zip | |
| (407) 701-853 Daytime Te | S lephone number | |

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



October 11, 2007

REBECCA JACOBS 7580 TOSCANA BLVD #831 ORLANDO, FL 32819

SUBJECT: ATA SYSTEMS, INC. Ref. Number: W07000050496

We have received your document for ATA SYSTEMS, INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2008 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected 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) 245-6928.

Letter Number: 607A00059942

Tim Burch Regulatory Specialist II New Filing Section

| | FILED |
|--|--|
| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | 2007 OCT 29 PM 4: 06 |
| ARTICLE I NAME The name of the corporation shall be: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| HTA Systems, Inc. | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| 4155 Haylock Drive, orlando f | FC 32807 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| selling alorm systems | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| 100 | |
| List name(s), address(es) and specific title(s): WILLIAM ICHE, President/OWNER, President/ | 4155 Haylouc Drue |
| Ryan G. Vail, Vice President I owner, 41 Rebella Jawobs, Scretan, 7580 Toscona Bl ARTICLE VI REGISTERED AGENT | 10#831, 0x19nds FL 32819 |
| The name and Florida street address (P.O. Box NOT acceptable) or | |
| William Pente 4155 Haylock Driverariands F | C 32807 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Pebell a Jacobs, 7580 Toscar Driando, Fl | 10 BIND #831 32819 |
| | ******** |
| Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and to | |
| Weel | 10/25/07 |
| Signature/Registered Agent | ' Date' |
| Signature/Incorporator | 9/28()/ Date |
| 3 | |