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SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

COVER LETTER

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

SUBJECT: Custom	Business Technologies, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	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: <u>Ga</u>	ry S. Dier Name ((Printed or typed)	
	1888 NW 113 Way	Address	
	Coral Springs, FL 33071 City,	State & Zip	
	954-340-9195 Daytime T	elephone 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:

Custom Business Technologies, Inc.

OS MAY -2 PM 4:57 SECRETARY OF STATE ALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 1888 NW 113 Way
Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Design and develop customized software applications.

ARTICLE IV SHARES

The number of shares of stock is: 1.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Gary S. Dier, Director 1888 NW 113 Way Coral Springs, FL 33071

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Gary S. Dier 1888 NW 113 Way

1888 NW 113 Way Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Gary S. Dier 1888 NW 113 Way Coral Springs, FL 33071

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

Signature/Incorporator

Date