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(Requestor's Name)				
(Ac	ldress)			
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PICK-UP	WAIT	MAIL		
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<b>\</b>	and a many river			
	autonomia Altrino Englis			
(100	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
Special institutions to Filing Officer.				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: Florida Digital Trust, Inc.					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fee & Certificate of Status \$78.75 \$87.50 \$87.50 \$Filing Fee & Certified Copy & Certified Copy & Certificate of Status					
Status ADDITIONAL CODY DECLINED					
ADDITIONAL COPY REQUIRED					
FROM: Kenneth R. Sanders					
Name (Printed or typed)					
900 Snow Queen Dr.					
900 Snow Queen Dr.  Address  Address  200 Snow Queen Dr.	e water.				
Chuluota El 20766	E.				
Chuluota, FL 32766 City, State & Zip	£ \$ 3				
· · · · · · · · · · · · · · · · · · ·	S.W. J. W. C.				
407-421-0005					
Daytime Telephone number					
ksanders@floridadigitaltrust.com					

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 The name of the corp	NAME Florida Digital Trust, Inc. poration shall be:		
ARTICLE II	PRINCIP <u>AL OFFICE</u>		
	Principal street address	M	lailing address, if different is:
90	00 Snow Queen Dr.		620388
	nuluota, FL 32766	Oviedo.	FL 32762
ARTICLE III P	PURPOSE		
	ich the corporation is organized is:		
	on exists for consultancy, design, ma	anaging and lea	asing data centers and
technology pro		0 0	J
tootmology pro	5011130.		
ARTICLE IV S	S <i>HARES</i> es of stock is:1,000,000		
	INITIAL OFFICERS AND/OR DIRECTOR		
Name and Titl	e:Kenneth R. Sanders, President	Name and Title:	ena Johnson, Secretary
Address:	900 Snow Queen Dr.	_ Address: 5	50 Windsormere Way, Suite 1020
	Chuluota, FL 32766	_	Oviedo, FL 32765
			<del></del>
Name and Titl	e:Lena Johnson, Treasurer	Name and Title	
Address:	50 Windsormere Way, Suite 1020	_ Name and True Address:	
Address.	Oviedo, FL 32765	_ Addiess	
	Oyledo, FL 32765		
Name and Titl	le:	Name and Title:_	
Address:		Address:	
		_	
		<u> </u>	
	REGISTERED AGENT		Ca Myo
	ida street address (P.O. Box NOT acceptable) of	the registered agent	. 15:
Name:	Kenneth Sanders		2 3 3
Address:	900 Snow Queen Dr.	-	
	Chuluota, FL 32766	_	No.
ARTICLE VII	INCORPORATOR		2 0
	ess of the Incorporator is:		
Name:	Kenneth R. Sanders		<b>3</b>
Address:		-	
Address.	900 Snow Queen Dr. Chuluota, FL 32766	-	
	Chuludia, FL 32760	_	<b>60</b>
Having been named	l as registered agent to accept service of process	s for the above state	ed corporation at the place designated in
this certificate, Fam	familiar with and accept the appointment as regi	istered agent and ag	gree to act in this capacity
Janik 1	To Sale		July 25, 2011
	Required Signature/Registered Agent		Date
I submit this docum document to the Dep	nent and affirm that the facts stated herein are partment of State constitutes a third degree felony	true. I am aware t y as provided for in	that the false information submitted in a s.817.155, F.S.
The Man			July 05, 0044
11-19 /	Paguinal Signature/Incompagator		July 25, 2011 Date
	Required Signature/Incorporator		Date