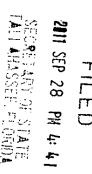
## P110000084944

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

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

SUBJECT: Cypress Data Services	, Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: David Slachter	(Printed or typed)
1901 W. Cypress Creek	Road, 3rd Floor
Fort Lauderdale, Florida	33309 State & Zip
954-771-5522  Daytime To	elephone number
david.slachter@marshall E-mail address: (to be used	watson.com I for future annual report notification)

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 co	orporation shall be: Cypress Data Service	s. Inc.	
ARTICLE II	PRINCIPAL OFFICE	,	
	Principal street address	Mailing ad	dress, if different is:
	1901 W. Cypress Creek Road, 3rd Floor	•	
j	Fort Lauderdale, Florida 33309		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
Anv lawful b	usiness that can be conducted under	the laws of the State	of Florida.
<b>,</b>			<u> </u>
			SEP SEP
			最適 2 F
ARTICLE IV	SHARES		e e e e e e e e e e e e e e e e e e e
The number of sha	ares of stock is:1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	DC	
	Fitle: Marshall C. Watson, President		
Address:	1901 W. Cypress Creek Road		
Address.	3rd Floor		
	Fort Lauderdale, Florida 33309		
Name and 'i	Citle:	Name and Title:	
Address:		Address:	
7100.055.			
	Fitle:	Name and Title:	
Address:			
ARTICLE VI	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Marshall C. Watson		
Address:	1800 N.W. 49th Street, Suite 120		
	Fort Lauderdale, Florida 33309	<del>_</del>	
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	Marshall C. Watson		
Address:	1800 N.W. 49th Street, Suite 120	<u> </u>	
	Fort Lauderdale, Florida 33309		
Having been nan	ned as registered agent to accept service of proce	ess for the above stated corpo	pration at the place designated in
	a <u>m f</u> amiliar with and accept the appointment as re		
•	CHALLA A		
			9-22-11 Date
	Required Signature/Registered Agent		Date
I submit this doc	cument and affirm that the facts stated herein a	re true. I am aware that the	false information submitted in a
document to the	Department of State constitutes a third degree felo	my as provided for in s.817.15	55, F.S.
_4	HEA		0-20 11
	700		9-26-/1 Date
	Required Signature/Incorporator		Date