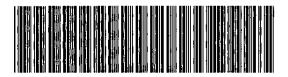
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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SECRETARY OF STATE
SECRETARY OF STATE

MRD/13

COVER LETTER

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

SUBJECT: AgencyDesk, 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 Certified Cop & Certificate Status	of
	ADDITIONAL COPY REQUIRED) —
FROM: Charles L Hernandez Name	(Printed or typed)	
603 W Massachusetts St		
A	Address	
Hernando, Florida 3444 City,	2 State & Zip	
(954) 593-9100 Daytime To	elephone number	
charlesh@myagencydes E-mail address: (to be used	k.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	. AgencyDesk, Inc.		
The name of the	corporation shall	be:		
A DOTTOL TO THE	DDTMOTE -			
ARTICLE II	PRINCIPAL) (-11144 16 dige	4 !
		l <u>street</u> address achusetts St	Mailing address, if diffe	rent is:
	Hernando, F	L 34442		······································

ARTICLE III				•
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For profit w	ebsite servic	e provider	と	2 2 7
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ARTICLE IV	SHARES			
	hares of stock is:	100		75
THE HUMBER OF S.	itales of stock is.	100	·-	92 6
ARTICLE V	INITIAL OF	FICERS AND/OR DIRECTOR	<u>!S</u>	FILED 1: 28 11 DEC 12 PM 1: 28 SECRETASSEE. FLORIDA
Name and	Title: Charles	L Hernandez, President	Name and Title:	7
Address:		lassachusetts St		
		lo. FL 34442		
			No. of the second secon	
Name and	Title:		Name and Title:	
Address:				
			· ·	
				
Name and Title:		Name and Title:		
Address:		· · · · · · · · · · · · · · · · · · ·	Address:	
				
ARTICLE VI	REGISTER	ED AGENT		
		Iress (P.O. Box NOT acceptable) o	the registered agent is:	
Name:		L Hernandez	are registered agent is.	
Address:		Massachusetts St	-	
	Hernar	ndo, FL 34442	=	
			_	
ARTICLE VII				
	ddress of the Inc	-		
Name:		s L Hernandez	_	
Address:		Massachusetts St	_	
	Hernar	ndo, FL 34442		
Havina haaw Ba	Sad as registere	d animit to account service of process	s for the above stated corporation at the	nlace designated in
			istered agent and agree to act in this capa	
(17)	<i>[777]</i>	I produce appointment as reg	increa agent and agree to act in this capt	,
+	14:KH V2 1 1		12/06/2	2011
	White Ded	/ / / / / / / / / / / / / / / / / / /	12/00/2	
	Kequir	ed Signature/Registered Agent		Date
I suhmit this th	cument and am.	em that the facts stated herein are	true. I am aware that the false informa	ation submitted in a
		pe constitute <u>s a third</u> degree felon		MONTHUE IN I
	1781/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	, as province for in 3.017.133; 1.65	
1 11	(Mosed)	abla	10/00	/2011
		Arted Signature/Incorporator	12/06	Date
	/ requ	anjeu Signature/incorporator		Date