

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

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| CITE INI. I                                      | roposed corporate name - must include suffix)  |
|--|--|
| Enclosed is an original for:  \$70.00 Filing Fee | and one (1) copy of the articles of incorporation and a check  \$78.75 \$122.50 X\$131.25  Filing Fee Filing Fee, Certificate & Certified Copy & Certificate |
| FROM:  | Kathleen Kelly Namo (printed or typod)   |
|  | 4300 So. U.S. Highway 1, Suite 203-324   |
|  | Jupiter, Fl. 33477  City, State & Zip  |
|  | Daytime Telephone number   |

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





The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Counterstrike, inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4300 So. U.S. Highway I Suite, 203-324 Jupiter, FL 33477

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand shares at \$0. dollars par value.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kathleen Kelly 1400 Village Blvd. Suite, 230 West Palm Beach, FL 33409

## ARTICLE V INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Kathleen Kelly 4300 So. U.S. Highway I Suite, 203-324 Jupiter, FL 33477

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The na | ame of the corporation is: Counteratrike, Inc.         |   |
|-----------|--|---|
| 2. The na | ame and address of the registered agent and office is: | SSFEB - I PI  |
|           | (Name)   | FLOR  |
|           | 1400 Village Blvd., Suite 230                          | 70 to 10 to |
|           | (P.O. Box not acceptable)                              |   |
|           | Went Palm Beach, FL 33409                              | <del></del>   |
|           | (City/State/zip)                                       |   |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I herety accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Laculca Luce February 1, 1995
(Signdture) (Date)