P95000018526

TRANSMITTAL LETTER

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

0300001425606 -03/07/35-01105-019 -++++70.00 *++++70.00

SUBJECT:	Sym Net Inc. Proposed 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	
FROM:	DRU NELSON Name (printed or typed) 111 SMITH ST. Address	
1/95	TALLAHASSEE, FL 32301 City, State & Zip (904) 222-1100 Daytime Telephone number	

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

FILED

ARTICLES OF INCORPORATION

95 MAR -7 PH I: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

SymNet Inc.

ARTICLE II PRINCIPAL OFFICE

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

111 SMITH ST.

TALLAHASSEE, FL 32301

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DRU NELSON

III SMITH ST.

TALLAHASSEE, FL 32301

ARTICLE V INCORPORATORISI

tion is(are):
DRU NELSON 111 SMITH ST.
TALLAHASSEE, FL 32301
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
7 +n Hay of March , 19 95.
Nru Nelson
Signature

Articles of Incorporation Filing Fee - \$35

Signature

FILED

CERTIFICATE OF DESIGNATION OF HAR -7 PH 1: 12 REGISTERED AGENT/REGISTERED OF THE RESTATE AGENT/REGISTERED OF THE RESTATE AGENT/REGISTERED OF THE RESTATE AGENT/REGISTERED OF THE RESTATE AGENT OF THE AGENT OF THE RESTATE AGENT OF THE AGENT OF THE AGENT OF THE AG

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 name	ne of the corporation is:	-5у	m VET	Inc.
2. The name	e and address of the registered	agent a	nd office is:	
	DRU NELS			- -
	111 SMITH (P.O. Box pr	St.	ble)	
	TALLAHASSEE,	FL		_
		,		
Having been above stated the appointm to comply wit mance of my as registered	n named as registered agent and d corporation at the place design ment as registered agent and ag ith the provisions of all statutes duties, and I am familiar with a diagent.	d to acce nated in a gree to ac relating a nd accep	ept service of proc this certificate, I I tin this capacity, to the proper and It the obligations (ess for the hereby accept I further agree complete perfor- of my position
۲				