P95000063979

TRANSMITTAL LETTER

1000156601 -08/17/95--01068--009 *****70.00 *****70.00

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

SUBJECT:	ASEERE SYSTEMS, INC	
	(Proposed corporate name)	
Enclosed i \$ <i>70.0</i>	s an original and one (1) copy of the articles of incorporation an ${\color{red} {\cal O}_{}}$.	d a check for
FROM:	SHIVAWN GUINNESS Name (printed or typed)	
	Name (printed or typed)	
	PO BOX 450519	
	Address	
	SUNRISE FL 33345 City, State, & Zip	
	305-748-0911	E
	Telephone Number	SS AUG 17 AN IO: 44 CLAHASSEE, FLORIDA
	8/18/da	

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

ARTICLES OF INCORPORATION FILED

OF

TALLAHASSEE, FLORIDA

ASTERE SYSTEMS, INC

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 | NAME

The name of the corporation shall be:

ASEERE SYSTEMS, INC

ARTICLE II PRINCIPAL OFFICE

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

PO BOX 450519 SUNRISE FL 33345

ARTICLE III SHARES

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

2000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHIVAWN GUINNESS 4503 NW 103td AVE #101 SUNRISE FL 3335/

ARTICLE V INCORPORATOR(S)

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

SHIVAWN GUINNESS 4503 NW 103RD AVE #101 SUNRISE FL 3335/

Articles of Incorporation Filing Fee - \$35

Signature

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 name of the corporation is: ASEERE SYSTE	EMS, INC
2. The name and address of the registered agent and office is	:
SHIVAWN GUINNESS	
4503 NW 103 AVE #10/ (P.O. Box not acceptable)	
SUNRISE PL 3335/ (City/State/Zip)	
Having been named as registered agent and to proceed as size	IAL: 95
Having been named as registered agent and to accept service above stated corporation at the place designated in this certific the appointment as registered agent and agree to act in this cat to comply with the provisions of all statutes relating to the proportion of my duties, and I am familiar with and accept the oblig as registered agent.	pacity. I further agree per and complete perforations of my position
Shivain Junies	AM ID: 44
(Siğnature)	→