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TRANSMITTAL LETTER

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

100001584661  
-09/14/95--01836--020  
\*\*\*\*122.50 \*\* \*122.50

SUBJECT: VISIONARY SYSTEMS CONSULTING, INC.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for  
\$ 122.50.

FROM:

PAUL LING

Name (printed or typed)

329 SARTO AVNEUE

Address

CORAL GABLES, FL 33134-7219

City, State, & Zip

(305) 447-6304

Telephone Number

[SN SEP 18 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 SEP 14 AM 9:36

FILED

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

**ARTICLES OF INCORPORATION**

**OF**

**VISIONARY SYSTEMS CONSULTING, INC.**

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**FILED**  
95 SEP 14 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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: VISIONARY SYSTEMS CONSULTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

329 SARTO AVENUE  
CORAL GABLES, FL 33134-7219

**ARTICLE III SHARES**

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

FIFTY THOUSAND (50,000) SHARES OF COMMON STOCK

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

PAUL LING  
329 SARTO AVENUE  
CORAL GABLES, FL 33134-7219

**ARTICLE V INCORPORATOR(S)**

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

PAUL LING  
329 SARTO AVENUE  
CORAL GABLES, FL 33134-7219

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

8th day of SEPTEMBER, 1995.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the under-  
signed 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: VISIONARY SYSTEMS CONSULTING, INC.

2. The name and address of the registered agent and office is:

PAUL LING

(Name)

329 SARTO AVENUE

(P.O. Box NOT acceptable)

CORAL GABLES, FL 33134-7219

(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 hereby 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.*

SIGNATURE 

DATE 9/8/95

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314