

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

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SUBJECT:	FIGENTES Proposed corporate	name - must include s	EMS, TXC		
Factored to an extern	1			SECRETARIA	
Enclosed is an original for: \$70.00 Filing Fee	\$78.75 Filing Fee & Cortificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	and a check 13: 13	
FROM:	13125 C	printed or typed) Address Address State & Zip 753-8946	<u> 51. Suife</u> 3414	- 4/3 187	

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

ARTICLES OF INCORPORATION

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.

The name of the corporation shall be:	
INTEGRATED DATA Systems,	INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 13/25 Chadwick Cf Suife 3 Wellingfon FL 33414	SS FED 21 PH 3: 43 SECRETIFIES STATE TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

200 NO PAR VHIVE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

JOSE D. LEREBOURS
13125 Chadwick ct.
Suite 3
Wellington FL 33414

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

JOSE D. LEREBOURS
13125 Chitdwick of
Suite 3
Wellington FL 33414

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

21 day of FEBEUARY, 1996.

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 507.0501, 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: Trifegentied Data Syst	l=84	'S. 7	W.
2.	The name and address of the registered agent and office is:			
	Jose D. Lerebours Ed	95 FEB	•	
	13125 Chndwck Cf Sufe 3 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	321 PH		1
	WELLING FOR FL 33414 PER	3: 43	7.7	

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) Z/Z1/96
(DATE)