

TRANSMITTAL LETTER

**P96000074722**

Department of State  
Division of Corporations  
P. O. Box 612  
Tallahassee, FL 32314

SUBJECT: BEST SYSTEMS INC  
(Proposed corporate name - must include suffix)

400001340414  
09/05/96--01112--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: NELLY G KRAM  
Name (printed or typed)

784 CREEKWATER TERR  
Address

LAKE MARY FL 32746  
City, State & Zip

407 328 8722  
Daytime Telephone number

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

96 SEP -5 AM 9:10

FILED

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.*

### ARTICLE I NAME

The name of the corporation shall be:

BEST SYSTEMS INC

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

96 SEP -5 AM 9:11

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### ARTICLE II PRINCIPAL OFFICE

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

784 CREEKWATER TERR # 210  
LAKE MARY FL 32746

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NELLY G KRAM  
784 CREEKWATER TERR # 210  
LAKE MARY FL 32746

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):

NELLY G KRAM

784 CREEKWATER TERR # 210

LAKE MARY FL 32746

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

FIRST day of SEPTEMBER, 19 96.

(An additional article must be added if an effective date is requested.)

Nelly G. Kram  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Notarization is not required

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 607.0501, 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: BEST SYSTEMS INC

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

NELLY G KRAM  
(NAME)

784 CREEKWATER TERR # 21  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LAKE MARY FL 32746  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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.*

Nelly G. Kram.  
(SIGNATURE)

9/1/96  
(DATE)