

TRANSMITTAL LETTER

797000009551

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

400002070314--2

-01/28/97--01092--003

*****70.00 *****70.00

SUBJECT:

CERTIFIED NETWORK SERVICES INC

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

\$70.00
Filing Fee



\$78.75
Filing Fee
& Certificate



\$122.50
Filing Fee
& Certified Copy



\$131.25
Filing Fee,
Certified Copy
& Certificate



From:

SEALS N' SIGNATURES

Name (printed or typed)

6822 22ND AVE N. SUITE 277

Address

ST. PETERSBURG, FL. 33710

City, State & Zip

(813) 367-3459

Daytime Telephone number

FILED
97 JAN 27 PM 4: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Joe
1/30

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a coporaqtion under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CERTIFIED NETWORK SERVICES INC

ARTICLE II PRINCIPAL OFFICE

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

Place of Business

1080-55TH AVENUE S
ST PETERSBURG FL 33705

Mailing Address

1080-55TH AVENUE S
ST PETERSBURG FL 33705

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:

JOANNE SIRISKA
6822 22ND AVENUE N. SUITE 277
ST. PETERSBURG FL. 33710

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

Laurie Ward
1080-55Th Ave S
St Petersburg Fl 33705

Douglas Ward
1080 55Th Avenue S
St Petersburg Fl 33705

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

23 day of January, 1997.

Laura L. Ward

Signature

Signature

Signature

Signature

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 designated
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:

CERTIFIED NETWORK SERVICES INC

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

JOANNE SIRISKA

(Name)

6822 22ND AVENUE N. SUITE 277

(P.O... Box not acceptable)

ST. PETERSBURG

FL.

33710

(City/State/Zip)

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SECRETARY OF STATE

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 hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.


(Signature)

1/24/97
(Date)