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CAPITAL GONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

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Please remit invoice number with payment TERMS: NET to DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

11-2529-7 PONDER'S INC., THOMASVILLE, OA.

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## ARTICLES OF INCORPORATION

97 FEB 12 PM 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**OF** 

# Federal Information Services Corporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I: NAME

The name of the corporation is **Federal Information Services** Corporation

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1623 Lenox Avenue, Miami Beach, FL 33139.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is ANDREW N. COVE, P.A., 3801 Hollywood Boulevard, Suite 100, Hollywood, Florida 33021.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is D/P/VP/T/S, Kathleen Kopycinski, 1623 Lenox Avenue, Miami Beach, FL 33139.

The undersigned has executed these Articles of Incorporation this 12th day of February 1997.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED

97 FEB 12 PH 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant provisions of section 607.0501, Florida the Statutes, the mentioned corporation, organized under the laws ο£ the state of Florida, submits the following statement designating the registered office/registered 1 n agent, in the state of Florida.

1.	The	name	o f	the co	rpor	ation	is:	Feder	ral	Informatio	n Servi	ces Cor	poration
	The		e an	d stre	et a	ddres	s of	the	re	gistered	agent	and	
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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 I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

ANDREW N. COVE, P.A. 3801 HOLLYWOOD BOULEVARD SUITE 100 HOLLYWOOD, FLORIDA 33021 In Cove, of president