97 APR 16 PM 1:16

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

000002145050--7 -04/16/97 --01053 --026 ****181.25 ****131.25

Software Access

(Proposed corporate name - must include suffix)

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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

97 APR 16 PH 12: 59

904) 386-5328

Daytime Telephone number

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

DIVISION OF CORFORATIONS

97 APR 16 PM 1:16

ARTICLES OF INCORPORATION

NAME

ARTICLE I

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

The name of the corporation shall be:	
International Software Access	
Software Access	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
2000 n. Mendian scik #314	
Tallahassa, (1 32303	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
The one shares	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	
Paul E. Tapia	
ARTICLE V INCORPORATOR 32 50 5	
The name and address of the incorporator to these Articles of Incorporation are:	
Laresa A Tapia Deco n. mendian Rd. api3111	
Tallahasser, 6 32303	
<u>4.15-97</u>	
Signature/Incorporator Date	

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

naving 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 garge 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	T your and accept the
D 25 Taxis	11.11 -97

Signature/Registered Agent Date