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F. PHILIP BLANK\*

WENDY A. DELVECCHIO  
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THOMAS R. McSWAIN  
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R. TERRY RIGSBY  
TIMOTHY G. SCHOENWALDER  
GEOFFREY D. SMITH

LEGAL ASSISTANT  
JOHN A. DICKSON, J.D.

\*Florida Bar Certified in Health Law

May 8, 1997

Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, Florida 32314

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-05/08/97--01107--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: **Managed Services for Technology and Planning, Inc.**  
Certificate of Status

Dear Sir/Madam:

Enclosed please find an original and one copy of the Articles of Incorporation of Managed Services for Technology and Planning, Inc.; and the Certificate of Designation of Registered Agent/Registered Office. Also included is a check in the amount of \$78.75 from Sherry Mercer to cover the filing fee and Certificate of Status.

Our firm is representing Ms. Mercer in her filing. We have enclosed an envelope for your use in returning her Certificate of Status.

If any further information is needed, please contact our office. Thank you for your attention to this matter.

Sincerely,

*A. Kenneth Levine*

A. Kenneth Levine

AKK  
Enclosures  
DIVISION OF CORPORATION

cc: Sherry Mercer

FILED  
97 MAY -8 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MA: 100  
6/5/97

## TRANSMITTAL LETTER

FILED

97 MAY -8 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Managed Services for Technology and Planning, Inc.  
(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  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Sherry Mercer  
Name (printed or typed)  
1209 Southwest 75 Drive  
Address  
Gainesville, FL 32607  
City, State & Zip  
904/656-7215  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

of

**MANAGED SERVICES FOR TECHNOLOGY AND PLANNING, INC.**

FILED

97 MAY -8 AM 7: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 OF CORPORATION**

The name of the corporation shall be: MANAGED SERVICES FOR TECHNOLOGY AND PLANNING, INC.

**ARTICLE II.**

**PRINCIPAL OFFICE**

The initial principal place of business and mailing address shall be: 1209 Southwest 75 Drive, Gainesville, Florida 32607.

**ARTICLE II.**

**NATURE OF BUSINESS**

The corporation shall be authorized to conduct any lawful business, to promote any lawful purpose, and to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporations Act.

**ARTICLE III.**

**CAPITAL STOCK**

The maximum number of shares that this corporation is authorized to issue is 1,000 shares of common stock having a par value of \$1.00 per share.

**ARTICLE IV.**

**TERM OF EXISTENCE**

The corporation is to have a perpetual existence.

ARTICLE V.

**INITIAL REGISTERED OFFICE AND AGENT**

The name and address of the initial registered agent is: Sherry Mercer, 1209 Southwest 75 Drive, Gainesville, Florida 32607.

ARTICLE VI.

**INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is: Sherry Mercer, 1209 Southwest 75 Drive, Gainesville, Florida 32607.


The undersigned incorporator has executed these Articles of Incorporation this 7th day of May, 1997.

Sherry Mercer  
Sherry Mercer

STATE OF FLORIDA

COUNTY OF LEON

**PERSONALLY APPEARED** before me, Sherry Mercer, who acknowledged executing the above Articles of Incorporation.

Leslie B. Allen  
Notary Public  
State of Florida  
At Large  
 LESLIE B. ALLEN  
MY COMMISSION # 00324034 EXPIRES  
October 31, 1997  
BONDED THRU TROY FAIR INSURANCE, INC.

Personally Known X OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My commission expires:

**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: Managed Services for Technology and Planning, Inc.
  
2. The name and address of the registered agent and office is:

Sherry Mercer  
(NAME)  
  
1209 Southwest 75 Drive  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
  
Gainesville, Florida 32607  
(CITY/STATE/ZIP)

97 MAY -8 AM 7:56  
FILED  
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.*

Sherry Mercer  
(SIGNATURE)

May 7, 1997  
(DATE)

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**