

PA 71000057632

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

SUBJECT: Data Wave Technologies Inc.
(Proposed corporate name - must include suffix)

100002226051--6
-06/30/97--01041--009
****131.25 ****131.25

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: Jack C. Wilburn Jr.
Name (Printed or typed)

107 Colonial Lane
Address

Longwood, Fl. 32750
City, State & Zip

(407) 834-1263
Daytime Telephone number

FILED
97 JUN 30 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[Handwritten signature]

ARTICLES OF INCORPORATION

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 shall be:

Data Wave Technologies Inc.

ARTICLE II PRINCIPAL OFFICE

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

*107 Colonial Lane
Longwood, Fl. 32750*

ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*Jack C. Wilburn Jr. 107 Colonial Lane
Longwood, Fl. 32750*

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:


*Jack C. Wilburn Jr. 107 Colonial Lane
Longwood, Fl. 32750*


Signature/Incorporator

6-26-97
Date

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

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


Signature/Registered Agent

6-26-97
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA