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Examiner's Initials

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ARTICLES OF INCORPORATION OF SOFTWARE FULLFILLMENT SERVICES, INC.

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

ARTICLE I - NAME

The name of the corporation shall be: Software Fullfillment Services, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

2785 Jeffery Drive Palm Harbor, FL 34684

ARTICLE III - NATURE OF BUSINESS

The nature of the business of the corporation is shipping services.

ARTICLE IV - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7,000

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph Caruso 2785 Jeffery Drive Palm Harbor, FL 34684

ARTICLE VI - INCORPORATOR(S)

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

Joseph Caruso 2785 Jeffery Drive Palm Harbor, FL 34684

The undersigned i	incorporator(s) has	s (have) execute	d these Articles of	Incorporation this	8th day of
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CERTIFICATE OF DESIGNATION 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 designating the registered agent / registered office, in the State of Florida.

The name of the corporation is:

Software Fullfillment Services, Inc.

The name of the registered agent and office is:

Joseph Caruso 2785 Jeffery Drive Palm Harbor, FL 34684

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.

Revistered Agent

Date

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