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

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ed is an original a	nd one(1) copy of the arti	cles of incorporation and a	a check for :
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: _	Mark	Houraney (Printed or typed)	
	4300 S. (15 Hwy 1	# 203-347
—	Jupiter, 1	7 3347 y, State & Zip	SECRETARY TALLAHASSE
_	561-748 Daytime	7 - 6 444 Telephone number	SET OF S

Telecommunications

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

the articles.

ARTICLES OF INCORPORATION

ARTICLE I

The name of the corporation shall be:

Telecommunications Information Technology Services, Inc.

ARTICLE II

The Principal place of business and mailing address of this corporation shall be: 4300 S. US Hwy 1 - # 203-347 - Jupiter, FL 33477

ARTICLE III

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

Number of Authorized

Par Value Per Share

Class of Stock

1000 Shares

\$0.01

Common

ARTICLE IV

The name and Florida street address of the initial registered agent are: Mark Houraney - 4300 S. US Hwy 1 # 203-347 Jupiter, FL 33477

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are: Mark Houraney - 4300 S. US Hwy 1 - # 203-347
Jupiter, FL 33477

ARTICLE VI

The Board of Directors of the Corporation shall consist of at least one director, with the exact number to be fixed from time to time in the manner provided in the Corporations Bylaws. The initial Director, President and Secretary, shall be Mark Houraney – 4300 S. US Hwy 1 - #203-347 – Jupiter, FL 33477

Signature/Incorporator

Date

Having been named as registered agent and to accept service of 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 furthur 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.

Date