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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	1	
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for : \$70.00 X \$78.75 Filing Fee & Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy Required	1AL 3E
2390 1	5 Kouikoff me (printed or typed) <u>V5 196 57</u> Address	FILED JAN 22 AM 8: 25 JAN 22 AM 8: 25 JAHASSEE, FLORIDA
	<u>FZ</u> <u>33180</u> City, State & Zip <u>- 932- 1706</u> ime Telephone number	
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NOTE: Please provide the original and <u>one copy</u> of the articles. 1984444

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

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Fiber Optic Designs Inc.



ARTICLE II PRINCIPAL OFFICE

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

18451			
North	Miami	Bch	tr
33160			

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Robert J. Konikoff 2390 NE 196 ST Miami FL 33180

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

President Robert 5 Konikoff 2390 NE 196 ST Miami FL 33180

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The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25 day of <u>11/ovember</u> , 1997	
Jellet Or left	_
Signature	
Signature	um rati

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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:	-1	<u>.</u>	· · · · · · · · · · · · · · · · · · · ·	i af an trainin a sa	<u></u>	·
		Fiber	Optic	Designs	-Tuc.		_ · ·
2.	The name and address of the regi	stered agen	t and office i	s:			
	_Robert	<u> </u>	Koni NAME)	koft	TALLAHASS	98 JAN 22	

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)			~
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(CITY/STATE/ZIP)	-		

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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.

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