

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

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SUBJECT:	Information		•	
	(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:	LAURIE E				
	Name (Printed or typed)				
	902 FOSTORIA DRIVE				
	Address				
	MELBOURNE	•	2940		
	City, State & Zip				
	407-867-	1397 OR	7625		
	Daytime To	elephone number	98 ALLA		
			MAR -: ETAILY HASSE		
			10-10		

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

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:

Information Sciences Corp.

ARTICLE II PRINCIPAL OFFICE

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

902 FOSTORIA DRIVE

MELBOURNE, FL 32940

ARTICLE III SHARES

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

1,000,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LAURIE E ROYSTON

902 FOSTORIA DRIVE MELBOURNE, FL

INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

LAURIE E ROYSTON/

902 FOSTORIA ORNE MOLBOURNE, FL 32940

(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