

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

SUBJECT: Va	iant Information (Proposed corp	Systems, Inc. orate name - must include su		98 Z
				ECEIVED
Enclosed is an original	and one(1) copy of the articl	es of incorporation and a	The second secon	# 0
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	jo '
		ADDITIONAL CO	PY REQUIRED	,
FROM:	Name (1 2397 Tina Dr.	Address	000002447 -03/05/98 ****128.75	7450——4 01001—005 ******78.75
_	Tallahassee, FL 32 City	-301		
	(850) 877-1968 Daytime 7	Telephone number	SECRETARY OF STATE TALLAHASSEE, FLORID	FILED

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

The name of the corporation shall be:

Valiant Information Systems, Inc.



ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert S. Todd 2397 Tina Dr. Tallahussee, FL 32301

ARTICLE V INCORPORATOR

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

Robert S. Todd 2397 Tisa Dr. Tallahassee, FL 32301

Robert S. Jodd
Signature/Incorporator

(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