P98000021951

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

SUBJECT:	Synthory Netw (Proposed corpor	ate name - must include sur	-' c ffix)	 .
		E	000024 -03/06/ *****7	149466 2 9801070022 8.75 *****78.75
Enclosed is an orig	inal and one(1) copy of the articles	s 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 Co	
ADDITIONAL COPY REQUIRED			E D	
FROM: Johnson Name (Printed or typed)				
3400 Ovanole KOAD Address				
١	Orlando	FL 3)8 State & Zip	310	98 MAR -6
3mg/a/ag	(407) 298.775 Daytime Te	elephone number		PM 12: 1:

FILED

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida

98 MAR -6 PM 12: 13

SECRETARY OF STATE TALLAHASSEE. FLORIDA Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I Symphony NEtworks, INC. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3400 Oranole La Orlando, FL 32810 *ARTICLE III* SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000. INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: arrie Johnson 3400 Orangle ROAD Orlando, FL 32810 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Carrie Johnson 3400 Orangle Pa Orlando, FL 328/c 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 ance

Signature/Registered Agent