## P98000032155

## **Transmittal Letter**

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 300002479643--2 -04/06/98--01050--006 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: DATA NETWORKING ASSOCIATES, INC.

(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 (

Certified Copy, & Certificate

Additional Copy Required

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

## **Articles of Incorporation**

FILED

The undersigned incorporator(s), for the purpose of forming a corporation understhe Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation. SECHETARY OF STATE TALLAHASSEE, FLORIDA **ARTICLE I: NAME** The name of the corporation shall be: DATA NETWORKING ASSOCIATES, IN **ARTICLE II: PRINCIPAL OFFICE** The principal place of business and mailing address of this corporation shall be: 220 B. Ridgeciest Loop **ARTICLE III: SHARES** The number of shares of stock that this corporation is authorized to have outstanding at any one time is: \_\_\_\_\_/OOO ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is: RAVI SHIVNAT Ridgecrest **ARTICLE V: INCORPORATOR(S)** See instructions for officers/directors. The name(s) and street addresses of the incorporator(s) to these Articles of Incorporation is (are):

The undersigned incorporator(s) has(have) ex day of		icles of Incorpo	ration this
(An additional article must be added if an effe	ctive date is requ	ested.)	•
Signature	_	. –	
Signature			,
Signature			

Notarization is not required.

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

Filing Fee \$70.00

## **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			
DATA	NETWORKING	Associates.	IN
725		<del></del>	

2. The name and address of the registered agent and office is:

(Name)

ZZO B. Richgeosest Loop

(P.O. Box or Mail Drop Box NOT Acceptable)

CLERMONT, FL 3H1711

(City/State/Zip)

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)

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32智 😸