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

Ultimate Data Solutions, Incorporated SUBJECT: (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

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert A. Knoll

Name (Printed or typed)

18618 Lake Bend Drive

Address

Jupiter, Florida 33458

City, State & Zip

(561) 694-3484 Sheila Knoll (wife)

Daytime Telephone number

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

# FILED

### ARTICLES OF INCORPORATION

98 APR 15 PM 3:08

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Ultimate Data Solutions, Incorporated

## ARTICLE II PRINCIPAL OFFICE

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

18618 Lake Bend Drive Jupiter, Florida 33458

#### <u>ARTICLE III SHARES</u>

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

30

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert A. Knoll 18618 Lake Bend Drive Jupiter, Florida 33458

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert A. Knoll
18618 bake Bend Drive
Jupiter, Florida 33458

Signature/Incorporator

04/10/98

Date

no effective date is requested

(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 deregistered agent

Signature/Registered Agent

Date

04/10/98