## DOSO CERTIFICATION OF THE STATE OF THE STATE

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

700002486227---04/13/98--01038--004 \*\*\*\*131.25 \*\*\*\*131.29

	(Proposed corpor	rate name - must include su	ffix)				
nclosed is an original a	and one(1) copy of the articles	s of incorporation and a	check for :				
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate				
		ADDITIONAL CO	PY REQUI	RED			
FROM:	Robert K. O'Mar	a.			-		
	Name (Pri	inted or typed)		- ' '		:	2 .:
	3905 Arlington Drive						
	Address			-		. 1	
	Palm Harbor, FL 34685			SECR	98 APR		
	City, S	tate & Zip		HAZE	₩ 24	Section 1	
	(813) 288-3135			RY O			
	Daytime Tel	ephone number	<u> </u>	OF STATE	04 :6 W		
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NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 15, 1998

ROBERT K. O'MARA 3905 ARLINGTON DRIVE PALM HARBOR, FL 34685

SUBJECT: BANK NETWORK INVESTMENTS, INC.

Ref. Number: W98000008403

We have received your document for BANK NETWORK INVESTMENTS, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking Director's Office 101 E. Gaines St. Fletcher Bldg., 6th Floor. Tallahassee, FL 32399-0350 (850) 488-1111.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway Document Specialist

Letter Number: 998A00020041

## Robert K. O'Mara

3905 Arlington Drive Palm Harbor, FL 34685

Residence: (813) 787-5594 Office: (813) 288-3135

April 23, 1998

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

Dear Ms. Farmer:

I am submitting a revised application to the Department of State, with a new name. The original name submitted on April 9, 1998 was rejected and the application returned to me.

Original Name Submitted: Bank Network Investments, Inc.

Revised Name Submitted: First Investment Network, Inc.

Please contact me with any further questions or comments. Thank you very much for your assistance.

Sincerely

Robert K. O'Mara

Attachment

## 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:

First Investment Network, Inc.

# ALERTAR HOLD

## ARTICLE II PRINCIPAL OFFICE

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

3905 Arlington Drive Palm Harbor, FL 34685

## ARTICLE III SHARES

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

100,000 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert K. O'Mara 3905 Arlington Drive

### ARTICLE V HATBOT FL 34685 ARTICLE V INCORPORATOR

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

Robert K. O'Mara 3905 Arlington Drive Palm Harbor, FL 34685

Signature/Incorporator

AMIL 23, 1998

Date

(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

Date