TRANSMITTAL LETTER

P98000038369

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

SUBJECT:	Proposed co	•	5	
		·	-04/27/9801 *****78.75	
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 Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: GREGORY R. MCKENZIE Name (Printed or typed)				
154 Widner Cirale Address				
De Funiak Spaings, FL. 32433 City, State & Zip				
	(850) 892- Daytime T	6794 elephone number	 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

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 98 APR 27 PM 2: 30 Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME	
The name of the corporation shall be:	
GLOBAL DATA SysTems, INC	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
Global DATA Systems, INC	
154 WIDNER CIRCLE	
De FUNIAK SpRINGS, FL. 32433	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
100,000,000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	
GREGORY R. MÜKENZIE 154 WIDWER CIRCLE	
De FUN. ALL Spaings, FL 32433	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
GREGORY R. MCKENZIE 154 NIDNER CIRCLE	
154 NIDNER CIRCLE	
DeFUNIAK Speings, FL 32433	
Signatural Jacobs	
C Signature anteri per aut	

(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