P98000053456

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

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SUBJECT:	EYOT IN	ate name - must include suf	fix)	
		•	-	-
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: WILLIAM H. ADAMS Name (Printed or typed) 14349 N. DALE MABRYSS TO Address TAMPA, FI 33618 City, State & Zip 70 70 71 72 73 74 75 76 77 78 78 79 70 70 70 70 70 70 70 70 70				
<u>-</u>		Address	BRYSSEE TO	Second Control of the
-	TAMPA, FI	33618 State & Zip	4: 02 RATIONS LORIDA	
_	813 96 Daytime T	2 2991 elephone number		98

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 Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EYOT, INC.

ARTICLE II PRINCIPAL OFFICE

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

14349 N. DALE MABRY, TAMPA, F1 33618

ARTICLE III SHARES

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

1,000 SHARES - \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WILLIAM H. ADAMS 14349 N. DALE MABRY

TAMPA F1 33618

ARTICLE V INCORPORATOR

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

WILLIAM H. ADAMS

14349 N. DALE MABRY

TAMPA, FI. 33618

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

Signature/Registered Agent

Date