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

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SCCA/SATELITE COMMUNICATION CENTRAL AMERICA

(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

& Certificate

Filing Fee

□\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

MIKE JONES

Name (Printed or typed)

02935 Lake Griffin Road

Address

LADY LAKE

FLORIDA 32159

City, State & Zip

(352) 750 6174

Daytime Telephone number

. 1.

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:

SCCA/SATELITE COMMUNICATION CENTRAL AMERICA, Inc.

ARTICLE II PRINCIPAL OFFICE

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

02935 LAKE GRIFFIN ROAD, LADY LAKE, FL 32159

ARTICLE III SHARES

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

100 (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MIKE JONES, 02935 LAKE GRIFFIN RD. LADY LAKE FL 32159

ARTICLE V INCORPORATOR

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

MIKE JONES

02935 LAKE GRIFFIN RD. LADY LAKE FL 32159

(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

Signature/Incorporator

Date

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