TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

## P98000075184

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

FIBER

500002625215--C -03/26/98--01033--018 \*\*\*\*\*\*78 75 \*\*\*\*\*\*78.75

S CORPORATION

Enclosed is an original a  \$70.00 Filing Fee	nd one(1) copy of the articl  7 \$78.75  Filing Fee  & Certificate	es of incorporation and a  □\$122.50  Filing Fee & Certified Copy	sheck for:  \$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL COPY REQUIRED			-
FROM: _	PHILIP DOWNAME (F	JUNG rinted or typed)			
-	13419 SKIM	JC PARADISE Address	BLND		
-	CLERMONT City,	FL 34711 State & Zip	·····		
	(352) 429 Daytime	7-5746 Telephone number	SEC	98 /	
·			RETARY OF ST, AHASSEE, FLO	98 AUG 26 AM 9: 39	FILED

## 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:

FIBER COMMUNICATIONS

PRINCIPAL OFFICE ARTICLE II

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

13419 SKIING PARADISE

BLVD

CLERMONT, FL 34711

ARTICLE III

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

10,000 (TEN THOUSAAND) SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PHILIP DOWLING

13419 SKIING

PARADISE BLUD

CLERMONT

FL 34711

ARTICLE V INCORPORATOR

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

MICHAEL T. PHIPPS

13419 SKING PARADISE BLUD

CLERMONT FL 34711

MICHAEL T. PHIPPS

(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 myposition as registered agent

Signature/Registered Agent