

P98000080968

Company) BETTER BUSINESS SERVICES INC.		<input type="checkbox"/>
Address 1515 E MEMORIAL BLVD		Billing
State FL	ZIP CODE (Required) 33801	<input checked="" type="checkbox"/> NC
Name/Dept) TOM DALEY	Phone Number (Important) 941-682-0141	Spec. <input type="checkbox"/>
CORPORATION		<input type="checkbox"/> NUMBER(S), (if known):

500002639605--6
-09/15/98--01042--013
****122.50 ****122.50

Office Use Only

1. _____ (Corporation Name) _____ (Document #)
2. DIG-IT, INC.
_____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
98 SEP 15 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-18-98

LM

ARTICLES OF INCORPORATION

THE STATE OF FLORIDA)
COUNTY OF POLK) KNOW ALL MEN BY THESE PRESENTS :

That the undersigned, natural person(s) of the age of at least eighteen (18) years, acting as Incorporator(s) of a Corporation under the Florida Business Corporation Act, do hereby adopt the following Articles of Incorporation for such Corporation, to wit:

ARTICLE I

The name of this corporation is DIG-IT INC.

ARTICLE II

The period of duration of this corporation shall be perpetual.

ARTICLE III

The purposes for which this Corporation is organized include all legal purposes for which a Corporation may be organized in Florida.

ARTICLE IV

The aggregate number of shares which the corporation shall have the authority to issue is 10,000 shares. The shares shall have a par value of \$ 1.00.

ARTICLE V

The Corporation will not commence business until it has received for the issuance of its shares consideration of the value of \$ 1,000.00.

ARTICLE VI

The street address of the registered office, and principal office of the Corporation is 3006 Chabett Ave, Lakeland, Florida 33810 and the name of the registered agent at said address is Robert J. Fultz.

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Robert J. Taylor

Registered Agent

FILED
98 SEP 15 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII

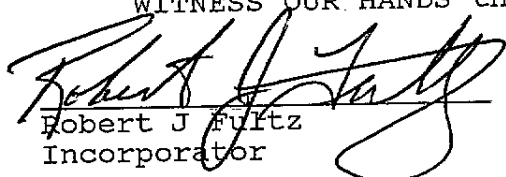
The number of directors constituting the initial Board of Directors of this corporation is two and the name and address of the person(s) who is to serve as director(s) until the first annual meeting of the shareholders, or until their successors are elected and qualified, is as follows :

NAME	ADDRESS
Robert J Fultz	3006 Chabett Ave Lakeland, Florida 33810
Deborah A Fultz	3006 Chabett Ave Lakeland, Florida 33810

The name and address of the incorporator(s) is as follows :

NAME	ADDRESS
Robert J Fultz	3006 Chabett Ave Lakeland, Florida 33810

WITNESS OUR HANDS this the September 10, 1998


Robert J Fultz
Incorporator

Incorporator

THE STATE OF FLORIDA)
COUNTY OF POLK)

Before me, the undersigned authority, on this day personally appeared Robert J Fultz, known to me to be the person(s) whose name(s) are subscribed to the foregoing instrument and, being by me first duly sworn severally declares that they are the person(s) who signed the foregoing document as incorporator(s) and that the statements contained therein are true.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____



Notary Public

