

TRANSMITTAL LETTER

P99000001091

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

SUBJECT: MENTOR Information Services, Inc.
(Proposed corporate name - must include suffix)

200002731512--4
-01/06/99-01019-019
*****87.50 *****87.50

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

\$87.50

FROM:

Michael M. MENDER

Name (printed or typed)

8901 Winged Foot Dr.

Address

Tallahassee, FL 32312

City, State & Zip

850-893-0608

Daytime Telephone number

FILED
99 JAN -6 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
JAN -6 AM 9:54

NOTE: Please provide the original and one copy of the articles.

T. SMITH JAN 06 1999

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MENTOR Information Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8901 Winged Foot Dr.
Tallahassee, FL 32312

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael M. MENDEZ
8901 Winged Foot Dr.
Tallahassee, FL 32312

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999 JAN -6 AM 10:03

FILED

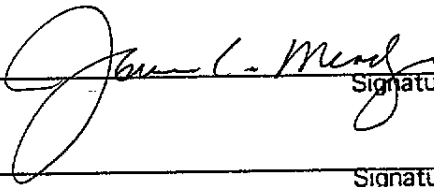
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Joanne C. MENDEZ
8901 winged-foot Dr
TLH, FL. 32312

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1/6/99 day of _____, 19____.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MENTOR Information Services, Inc.

2. The name and address of the registered agent and office is:

Michael M. MENDEZ

(Name)

8901 Winged Foot Dr.

(P.O. Box not acceptable)

Tallahassee FL 32312

(City/State/Zip)

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.

Michael M. Mendez
(Signature)