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

SUBJECT: TRITON TECHNOLOGIES, INC (Proposed corporate name - must include suffix) 000002733000--0 -01/07/99--01040--007_ *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$122.50 . 🔲 \$131.25 \$70.00 Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED ANGELA PACELLA FROM: Name (Printed or typed) 4630 S. KIRKMAN ROAD, SUITE 279 Address 32811-2802 ORLANDO, FL City, State & Zip

(407) 672-6883

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

Daytime Telephone number

*****78.75

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:

TRITON TECHNOLOGIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4630 S. KIRKMAN ROAD, SUITE 279 ORLANDO, FL 32811-2802

ARTICLE III SHARES

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

3,000 @ \$.10 PAR VALUE

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ANGELA PACELLA 4630 S. KIRKMAN ROAD, SUITE 279 INCORPORATOR ORLANDO, FL 32811-2802

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

ANGELA PACELLA 4630 S. KIRKMAN ROAD, SUITE 279 ORLANDO, FL 32811-2802

pature/Incorporator

1/6/99

Date

(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

1/6/99

Date