Department of State Division of Corporations P. O. Poy 6327

P. O. Box 6327 Tallahassee, FL 32314

DOC. EXAM_

SUBJECT: Sys	tem Suppor	t Network ate name - must include suff	Inc.	MATERIAL W
		·	20000275 -01722/99- ******78.75	-010410
Enclosed is an original and	one(1) copy of the article	s of incorporation and a	check for:	-
Filing Fee Filin	78.75 ng Fee ertificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Janusz Zeloczny Name (Printed octyped)				
	607 Barks	auross	TALL.	. 99
	Learwater City, 8	FL 3376 State & Zip	<u> </u>	JAN 22
	727) 725 - Daytime Te	lephone number	COFSTATE EE.FLORIDA	ED PH 2: 32
GAVINIZATION BY PHONE TO CT at I			-	

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

TA-1/27/99

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

The name of the corporation shall be: System Support Network Inc.

ARTICLE II PRINCIPAL OFFICE

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

2607 Barksdale Ct. Clearwater, FL 33761

ARTICLE III SHARES

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

1000 (one thousand)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Janusz Zelazny 2607 Barksdale Ct. Cleurwoder, Fl 33761

ARTICLE V **INCORPORATOR**

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Janusz Zelazny

2607 Barksdale Ct. Clearwater, Fl. 33761

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