P9900011335

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

SUBJECT: Int	erdigita, Inc.			
	(Proposed corporate name - must include suffix)			
			900002763 -02/04/99 *****70.00	-01098007
Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	:	ADDITIONAL COPY REQUIRED 39		
FROM	: Dion Sweat Name (Pr	inted or typed)	HASSEE,	FILED 99FEB-4 PM
	226 Westminister Dr	ive	FLORIDA	्र हुन्स् ज
	Tallahassee, Florida 32304 City, State & Zip			
	(850) 580 – 5737 Daytime Te	lephone number	STEP LONDANG	FEB 4 FILLE

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

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:

Interdigita, Inc.

ARTICLE II PRINCIPAL OFFICE

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

226 Westminister Drive Tallahassee, Florida 32304

ARTICLE III SHARES

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

60 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dion Sweat
226 Westminister Drive
Tallahassee, Florida 32304
ARTICLE V INCORPORATOR

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

Dion Sweat

226 Westminister Drive

Tallahassee, Florida 32304

Signature/Incorporator

2-4-99

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

Date

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