## AGGMOOIA 764

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

VISION OF COOP STATE	
99 FER -0	S
-8 PM 3: 57	
99 FEB -8 PM 3: 57	
-02/08/9901109011	

SUBJECT:	NEW	GloBALWARE, INC
		(Proposed corporate name - must include suffix)

Eliciosed is an origin	iai and one(1) copy of the artic	nes of meorporation and a	Check 101 /
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM: WhiteFORD A. LEWIS Name (Printed or typed)
418 PiEDMONT St.
ORIANDO FL. 32806 City, State & Zip
(407) 345-8629  Daytime Telephone numb

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:
NEW GloBALWARE INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:
418 PIEDMONT St. ORIANDO FL. 32806
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  \[ \left( \text{10,000} \) - \text{1EW} THOUSAWD
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:  WHITEFORD LEWIS  62-54 MORNING MIST. LAWE BRIANDO FL.  32-819
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:
WhitEFORD LEWIS MIST LA. OR/MUDO FL. 328

(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

Signature/Incorporator