

TRANSMITTAL LETTER

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

99000013340

SUBJECT: I.T. 2000 Inc.  
(Proposed corporate name - must include suffix)

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 of Status

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

99 FEB -8 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

FROM: DRACE R. TORRADO  
Name (Printed or typed)

34 BAL BAY DRIVE, Suite 6  
Address

BAL Harbour, FL 33154  
City, State & Zip

900002768679--0  
-02/09/99--01010--019  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

1-800-667-2266  
Daytime Telephone number

*[Handwritten signature]*  
2/90

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:

I.T. 2000 Inc.

## ARTICLE II PRINCIPAL OFFICE

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

34 BAL BAY DR, SUITE 6  
BAL HARBOR, FL 33154

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Drake R. Torrado  
34 BAL BAY DR, SUITE 6  
BAL HARBOR, FL 33154

## ARTICLE V INCORPORATOR

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

Drake R. Torrado  
34 BAL BAY DR  
BAL HARBOR, FL 33154

  
Signature/Incorporator

2/5/99  
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

2/5/99  
Date

99 FEB - 8 PM 4: 0  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA