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TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

FILED
FEB 15 PM 1:56
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SUBJECT: Independent Product Support, 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

X \$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certificate Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Jonathan D. Woods, Esq.
Name (Printed or Typed)

15 West Church Street, Suite 201
Address

Orlando, Florida 32801
City, State, & Zip

407.650.8133
Daytime Telephone Number

4000002775884-2
-02/15/99--01127--017
*****78.75 *****78.75

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

SD 2/16

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:

Independent Product Support, Inc.

ARTICLE II PRINCIPAL OFFICE

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

90 Oak Bend Court
Oviedo, Florida 32765

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jonathan D. Woods, Esq.
Semper Woods, PA
15 West Church Street, Suite 201
Orlando, Florida 32801

ARTICLE V INCORPORATOR

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

Lorie A. Evans
90 Oak Bend Court
Oviedo, Florida 32765



Signature/Incorporator

1-27-99

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

1-27-99

Date

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99 FEB 15 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA