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

LCS Information Technology Professional Services, Inc (Proposed corporate name - must include suffix)

> 000002800930--6 -03/10/99--01072--005 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee Filing Fee

& Certificate of Status

\$78.75 \$87.50 Filing Fee Filing Fee, Certified Copy & Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: DAniel Locey
Name (Printed or typed)
204 NW 414 WAY
Address
Deerfield Beach, FL 33442 City, State & Zip
954-425-0554  Daytime Telephone number
Daytime Telephone pumber

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.

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99 MAD JET OF STATE
99 MAR 10 PM 12: 45
12:45

ARTICLE I

The name of the corporation shall be:

LCS Information Technology Professional Services. Inc

PRINCIPAL OFFICE

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

204 NW 41st Way Deerfiero Beach, R 33442

SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DANIER LOCEL

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

1eLD Beach, Fi

Signature/Incorporator

(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