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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002820123--1

-03/26/99--01075--019

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. I-COM NETWORK SERVICES INC. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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99 MAR 26 12:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

3/26  
RECEIVED  
99 MAR 26 AM 11:31  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

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99 MAR 26 11:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## **ARTICLES OF INCORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### **ARTICLE I NAME**

The name of the corporation shall be:

I•COM Network Services Inc.

### **ARTICLE II PRICIPAL OFFICE**

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

6538 Colins Avenue  
Suite 286  
Miami Beach, Fl. 33141

### **ARTICLE III SHARES**

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

500 Shares, having an individual par value of \$1.00

### **ARTICLE IV INITIAL REGISTERED AGENT AND SRTEET ADDRESS**

The name and address of the initial registered agent is:

Jennifer Lynne Bell  
6538 Colins Avenue  
Suite 286  
Miami Beach, Fl. 33141

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

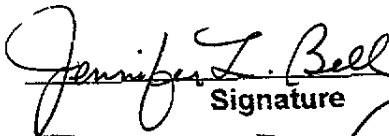

Jennifer Lynn Bell  
David Vickery  
6538 Collins Ave. Suite 286  
Miami Beach, Fl. 33141

**ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Jennifer Bell  
David Vickery  
6538 Collins Ave. Suite 286  
Miami Beach, Fl. 33141

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25 day of March, 1999.

  
Signature  
  
Signature  
  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: I\*COM Network Services Inc.

2. The name and address of the registered agent and office is:

Jennifer Lynne Bell

(NAME)

6538 Collins Avenue Suite 286

(P.O. BOX NOT ACCEPTABLE)

Miami Beach, Florida 33141

(CITY/STATE/ZIP)

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

Jennifer L. Bell

DATE

March 25, 1999

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 MAR 26 12:52

FILED

REGISTERED AGENT FILING FEE: \$35.00