POSOOOS3127

DATE 4/3/99

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

700002831657--1 -04/07/39--01011--004 ****122,50 *****78.75

Re: Spreadsheet Specialists, Inc. (Name of Corporation),

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

99 APR -7 PM 1:52

(Individual's Name)

Spreadsheet Specialists, INC. (Name of Corporation)

MAILING ADDRESS OF CORPORATION
541 Carrington Lane
J
Weston, Florida
PHONE -
(95Y) <u>38</u> 4-0414 — Ext.
Area Code Number Ext.

n ... co. APR 1 2 1999)

ARTICLES OF INCORPORATION

	of		
Speeadsheet	Specialists,	Inc.	
	(name of corporation	1)	
The undersigned acting as the inco		he Florida Business Co	orporation Act, adopt(s)
The name of the corporation is:	ARTICLE I - CORPORATE	E NAME	SECRETAR VISION OF C
-	Specialists,	Inc.	7 COR
This corporation shall exist perpet	ARTICLE II - DURATI	ION	PORATIONS
	ARTICLE III - PURPO		
The corporation is organized for the United States and the State of Florida.	e purpose of engaging in any acti	vities or business perm	nitted under the laws of the
The corporation is authorized to is The street address of the initial pri	ARTICLE V - INITIAL PRINCI	on stock, par value \$	Ì.OO per share.
STREET ADDRESS 541 C.	ARRINGTON LAN	ie	
CITY Weston	FLOI	RIDA	ZIP 3 3 3 2 6
Mailing address, if different			
STREET ADDRESS		idisə (a. a. a	
CITY	FLOI	RIDA	ZIP
ARTICL	E VI - INITIAL REGISTERED	OFFICE AND AGE	NT
The street address of the initial	registered office and the name	of the initial registe	red agent at the office is:
NAME Thomas M	· Allen II		
	lington LANE		
CITY Weston		RIDA	ZIP 33326

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 6 ne (either increased or diminished from time to time by the By-Landdresses of the initial director(s) of the corporation are as follows:	directors initially ws, but shall never be less	y. The number of directors may be
NAME Thomas M. Allen II		
ADDRESS 541 CARRINGTON LANC	_	
CITY Weston	STATE FLOVI	da ZIP 33326
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		-
CITY	STATE	ZIP
ARTICLE VIII -	INCORPORATORS	
The names and addresses of the incorporators signing these A		e as follows:
	•	<u> </u>
NAME Thomas M. Allen II		
ADDRESS 541 CARRINGTON LAWE		1 ZID 2 > 7 > 7
CITY Weston	STATE Floric	la ZIP 33326
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME	7.2	***
ADDRESS		
CITY	STATE	,ZIP
The undersigned incorporator(s) have executed these Ar	ticles of Incorporation	this
day of Apri)	, 19 <u>99</u> .	
State of Francial _	Am.	C 4 (Signature)
SWORN AND SUBSCRIBED TO BEFORE ME THIS 3 DAY OF ARRIVED THE METHOD TO THE STORY OF	Nilling State of the State of t	(Signature)
WHO PRODUCED TWO DAY IN THE WAY AND AS IDENTIFICATION.	3	(Signature)
Form 215: ARTICLES OF INCORPORATION, PAGE 2	A CONTRACTOR OF THE PARTY OF TH	SEMINOLE-MIAMI (2-98)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

	9 APR -7	CRETARY
	P	RPC PC
Spreadsheet Specialists, Inc.	- U	RATI
(name of corporation)	2	OHS.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 541 Carrington Lane
Weston, Florida 33326
has named Thomas M. Allen II
located at the aforesaid address, as its registered agent to accept service of process within this

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.

In as	4/2/99
(Signature)	(Date)

state.