

TRANSMITTAL LETTER

0990000033862

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

SUBJECT: SOFTWARE DEPLOYMENT TECHNOLOGIES INC.  
(Proposed corporate name - must include suffix)

000002834780--5  
-04/09/99--01065--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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

FROM: ROBERT BURNS  
Name (Printed or typed)

1701 DREW ST. # 7-A  
Address

CLEARWATER FLORIDA 33755  
City, State & Zip

727-447-1291  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 APR -9 PM 7:07

FILED

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

*[Handwritten signature]*

## ARTICLES OF INCORPORATION

The Designed 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:  
Software Deployment Technologies Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
1701 Drew St. #A-7 Clearwater, Florida, 33755

### ARTICLE III      SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
100 (one hundred) par value \$1.00.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:  
Robert Burns  
940 Cardigan Lane, Palm Harbor, Florida, 34683

### ARTICLE V INCORPORATOR

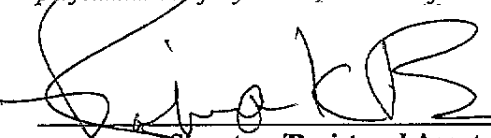
The name and address of the incorporator to these Articles of Incorporation are:  
Robert Burns  
940 Cardigan Lane, Palm Harbor, Florida, 34683

  
Signature/Incorporator

04/06/99  
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

04/06/99  
Date

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99 APR -9 PH 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA