# PPP DANMIT AL INCE 3070

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

SUBJECT:	ystems ANALYS (Proposed o	orporate name - must includ	アルC le suffix)	<del>_</del> .
		Ş	500002926 -07/08/99 *****78.75	5325 -01055017 5 *****78.7
Enclosed is an original	and one(1) copy of the article	s of incorporation and a	check for :	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	PAUL ADAM Name (Pr	inted or typed)	<u> </u>	·
_	P.O. Box 915	JJ j Address	SECRE TALLAH	
_	LowGacop City,	F/. 3.2791 State & Zip	L-8 TH CON	
_	407 - 889 - Daytime Te	2414 elephone number	STATE LORIDA	J ⊃

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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		``	"RIDA"

ARTICLE I NAME
The name of the corporation shall be:

Systems ANALYST Services, INC

### ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 915221 LONGWOOD F1. 3279/-5221

### ARTICLE III SHARES

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

10,000

## INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PAUL ADAMS III 2452 Lake Jackson Circle, Apopka, Fl. 32703

# INCORPORATOR

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

PAUL ADAMS III 2452 LAKE JACKSON Circle

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