

TRANSMITTAL LETTER

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

SUBJECT: PLANTRONIX Corp.
(Proposed corporate name - must include suffix)

000002934370--4
-07/19/99--01004--018
*****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
☐ \$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: SANDIE KEISTER
Name (Printed or typed)
6272 Whittondale Dr.
Address
Tallahassee, FL 32312
City, State & Zip
850-668-3612
Daytime Telephone number

99 JUL 19 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

5-36856

7/19/99

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.

ARTICLE I NAME

The name of the corporation shall be:

Plantronix Corp.

ARTICLE II PRINCIPAL OFFICE

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

6272 Whittendale Dr.
Tallahassee, FL 32312

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

6272 Whittendale Dr. JOHN KEISTER
Tallahassee, FL 32312

ARTICLE V INCORPORATOR

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

6272 Whittendale Dr. SANDIE KEISTER
Tallahassee, FL 32312

S.D. Keister

Signature/Incorporator

July 19, 1999

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]

Signature/Registered Agent

19 JUL 99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUL 19 AM 10:02

APPROVED
AND
FILED