P99000068057

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

SUBJECT:	United	SOFTWARE	ASSOCIATES.	ZNC.		
	, ,	(Proposed corporate name - must include suffix)				

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 ADDITIONAL COI	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM		TAYOL inted or typed)		
	2956 Whieles	MAY SUTI	SECRET TALLAH	99 سال 99
	TALLAHASSEE City,	FL 32308 State & Zip	ASSEE, FI	30 PM 3:
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

	corporator, for the purpose of forming a corporation under the Flori on Act, hereby adopts the following Articles of Incorporation.	ida FILED
ARTICLE I	NAME	99 JUL 30 PM 3: 36
The name of the	corporation shall be:	
LINITED	SOFTWARE ASSOCIATES, BAC.T	ALLAHASSEE, FLORIDA
ARTICLE II	PRINCIPAL OFFICE	-
	ce of business and mailing address of this corporation shall be:	
2956 W	hillaway TRAIL TALLAMSEE FL	32308
ARTICLE III	SHARES	_
The number of sh	ares of stock that this corporation is authorized to have outstand	ling at any one time is:
/	00,000	
	INITIAL REGISTERED AGENT AND STREET A	DDRESS .
	orida street address of the initial registered agent are:	
JOHN K.	TAYOR TON'S	
9956 NM TAHAHA	SEE, FL 32308	
ARTICLE V	<u>INCORPORATOR</u>	
The name and a	ddress of the incorporator to these Articles of Incorporation are	•
JOHN K	1 TAY/OR	
2956 W	Idress of the incorporator to these Articles of Incorporation are (IAY/OR his/AWAY TRAIL 32308	
TAI/AHA:	SSEE, FC	

(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

Signature/Incorporator

Date