TRANSMITTAL LETTER of State.

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

SUBJECT: Diversified Software Technology, Inc. (Proposed corporate name - must include suffix)				
	(Proposed corpo		.x) 00002956 -08/04/99 *****78.75	01064004
Enclosed is an origina	al and one(1) copy of the article	es 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	S87.50 Filing Fee, Certified Certificate of & Certificate of Status PY REQUIRED	
FROM:		inted or typed)	FLORIDA	00 :21 Hz 1-1 (CE)
	1441 29th St., S	Suite 205		
	West Des Moines, City, S	ddress IA 50266 State & Zip The state of		99 MB -4 MH: 49

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

UX 8/4

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:

Diversified Software Technology, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1441 29th Street, Suite 205
West Des Moines, IA 50266



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

108

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JAMES NAROLD JONES 1608 MOTADPOLITAN CIK., SUITE C TALLAHASSEE, FL 32308

ARTICLE V INCORPORATOR

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

Diversified Software Technology, Inc.

1441 29th Spreet, Suite 205 West Des Moines, IA 50266

Sobati me/Independent

(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

8-4-99