

TRANSMITTAL LETTER

P99000069568

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

SUBJECT: DATA MANAGERS, INC.
(Proposed corporate name - must include suffix)

600002951626--I
-08/05/99--01069--005
*****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: ROBERT E. EGGERS
Name (Printed or typed)
429 7th Ave North
Address
JAX. BCH. FL 32250
City, State & Zip
904 246-3717
Daytime Telephone number

RECEIVED
99 AUG -5 PM 1:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
99 AUG -5 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

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

ajc
8/5

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:

DATA MANAGERS, INC

ARTICLE II PRINCIPAL OFFICE

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

429 7th Ave N.
JAX Bch FL 32250

ARTICLE III SHARES

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

1,000 one thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


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

Robert E. Ebberts
429 7th Ave N.
JAX Bch FL 32250

ARTICLE V INCORPORATOR

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

ROBERT E. EBBERTS
429 7th Ave N.
JAX Bch FL 32250



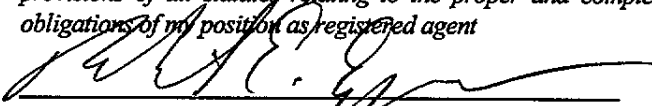
Signature/Incorporator

Aug. 5, 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/Registered Agent

8/5/99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG -5- PM 1:41

APPROVED
AND
FILED