

99000069873

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

100002946141--4  
-07/30/99--01073--017  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: INTJ, Inc.

Enclosed is an original and two (2) copies of the Articles of Incorporation  
and a check for:

Filing Fee, Certified Copy & Certificate of Status \$87.50

FROM: Peter J. Hopman  
Post Office Box 5741  
Titusville, Florida 32783

Daytime Telephone Number: 407-867-9874

FILED  
99 JUL 30 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**FILED**  
99 JUL 30 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 INTJ, Inc.

**Article II      PRINCIPAL OFFICE**

The principal place of business for this corporation is:

1480 Polaris  
Merritt Island, Florida 32953.

The mailing address is:

Post Office Box 5741  
Titusville, Florida, 32783.

**Article III      SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100,000.

**Article IV      INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Peter J. Hopman  
1480 Polaris  
Merritt Island, Florida 32953

**Article V INCORPORATOR**

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

Peter J. Hopman  
1480 Polaris  
Merritt Island, Florida 32953

Peter J. Hopman  
Signature/Incorporator

7-27-99  
Date

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.

Peter J. Hopman  
Signature/Registered Agent

7-27-99  
Date

**FILED**  
99 JUL 30 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA