

TRANSMITTAL LETTER

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

P 99000078586

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-08/30/99--01116--018
*****87.50 *****87.50

SUBJECT: KINGLIAM SOFTWARE INC.

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 30 PM 12:46

FILED

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: MICHAEL KINGLIAM
Name (Printed or typed)

905 AVE V SE
Address

WINTER HAVEN FL 33880
City, State & Zip

941-299-0013
Daytime Telephone number

F. CHAMBERLAIN SEP 2 1999

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

499 43562

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: **Kingham Software Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
905 Ave V SE
Winter Haven, FL 33880-4622

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **100**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

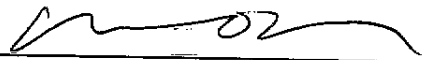
The name and Florida street address of the initial registered agent are:

Michael Kingham
905 Ave V SE
Winter Haven, FL 33880-4622

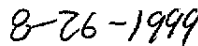
ARTICLE V INCORPORATOR

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

Michael Kingham
905 Ave V SE
Winter Haven, FL 33880-4622



Signature/Incorporator

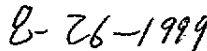


Date

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



Signature/Registered Agent



Date

FILED
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TALLAHASSEE, FLORIDA