و في إينا TRANSMITTAL LETTER 0000 78590 Department of State Division of Corporations P. O. Box 6327 70000 Tallahassee, FL 32314 626 *****87.50 *****37.50 SUBJECT: etworks (Proposed corporate name - must include suffix) 641:51 Md 02 JNY 66 **FILED** Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 □\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED AMAK FROM: Name (Printed or typed) 545 VERN Address) ELANDO 52805 City, State & Zip 212 - 733 - 4953 74 797 Daytime Telephone number

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

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: Networks, I.Ac. T ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 545 VERN De. ORLANDO <u>ARTICLE III</u> **SHARES** The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000 INITIAL REGISTERED AGENT AND STREET ADDRESS <u>ARTICLE IV</u> The name and Florida street address of the initial registered agent are: MALIK ALI 545 VERN Do. FL ORLANDO 32505 **INCORPORATOR** The name and address of the incorporator to these Articles of Incorporation are: 8/20/99 Signature/Incorporator 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

20/99

Date