

P9900079945
TRANSMITTAL LETTER
FILED

99 SEP -2 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

100002977141--6
-09/02/99--01063--013
*****78.75 *****78.75

SUBJECT: FISAT Inc.

(Proposed corporate name - must include suffix)

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: Thomas J. Fitzgibbon
Name (Printed or typed)

920 Wright Dr
Address

Lake Worth FL 33461
City, State & Zip

561-586-3932
Daytime Telephone number

PH 9/5/99

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FITSAT, INC.

ARTICLE II PRINCIPAL OFFICE

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

920 WRIGHT DRIVE
LAKE WORTH, FL 33461

ARTICLE III SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

THOMAS J. FITZGIBBON

920 WRIGHT DRIVE
LAKE WORTH, FL 33461

ARTICLE V INCORPORATOR

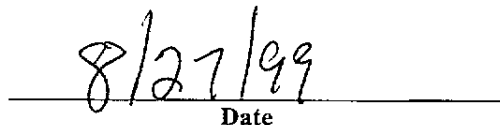
The name and address of the incorporator to these Articles of Incorporation are:

THOMAS J. FITZGIBBON

920 WRIGHT DRIVE
LAKE WORTH, FL 33461



Signature Incorporator



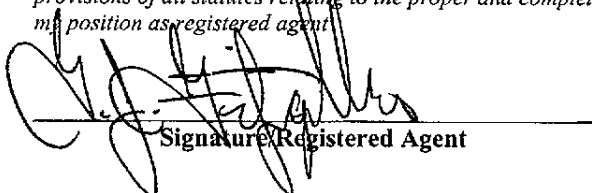
Date

ARTICLE VI EFFECTIVE DATE


The effective date of incorporation shall be:

IMMEDIATELY

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