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

SLUNCTARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:	KYNET INTER	RNET SERV	ices In	<u> 2</u> C.
Enclosed is an origin	al and one(1) copy of the article		*****78_7	52 51 2 01104007 'S *****78.75
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Fred B Mecloe 5- Name (Printed or typed) 3890-B TAM: AM: TR Address				
	Part CHARLOTY City, S 941-624-450 Daytime Tel	tate & Zip	952	The statement of the st

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

PH9/17/88

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:

SKYNET INTERNET SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

3890 UNIT B TAMIAMITA. PORT CHARLOTTE FIA 33952

joir Charles in

ARTICLE III SHARES

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

5000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rocco Salerno

21530 GlendAIF AVE

POT CHAPLOTTE FIA. 33952.

ARTICLE V INCORPORATOR

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

Fred B meclae In

241 WATER WAY CIR

POIT CHARLOTTE Fla 33952

Signature/Incorporator

. / . .

(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

Date