

TRANSMITTAL LETTER

P99000084417

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

FOOOO2992496--D
-09/21/99--01053--007
*****87.50 *****87.50

SUBJECT: Frost Byte 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: MICHAEL S. LEE
Name (Printed or typed)

4719 Chalfont DR.
Address

Orlando, FL 32837
City, State & Zip

407-438-7400
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP 21 PM 2:21

FILED

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

9/23/99
T.B.

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:

Frost Byte Inc.

ARTICLE II PRINCIPAL OFFICE

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

PMB 265

3956 TOWN CENTER Blvd. Orlando, FL 32837

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 S. Lee

4719 Chalfont Dr. Orlando, FL 32837

ARTICLE V INCORPORATOR

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

Michael S. Lee

4719 Chalfont Dr. Orlando, FL 32837


Signature/Incorporator

9.20.99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and in 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

9.20.99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA