

TRANSMITTAL LETTER

P99000106762

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

300003062589-2
-12/07/99-01022-003
*****87.50 *****87.50

SUBJECT: Rubicon Systems, Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 6 AM 7:13

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jerry A. Horn
Name (Printed or typed)

901 Oakwood Cove
Address

Altamonte Springs, FL 32714
City, State & Zip

407-662-7147
Daytime Telephone number

R. CHESLER DEC 10 1999

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

6994 58162

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 Rubicon Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
901 Oakwood Cove
Altamonte Springs, FL 32714

ARTICLE III SHARES

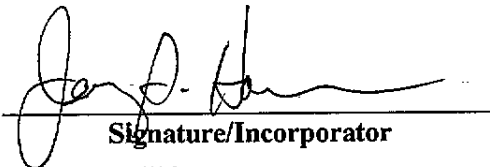
The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

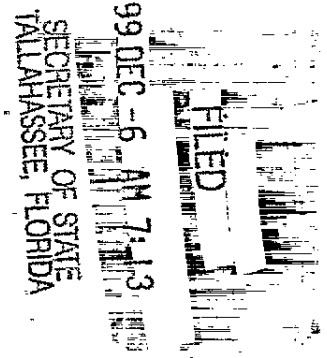
The name and Florida street address of the initial registered agent are:
Jerry A. Horn
901 Oakwood Cove
Altamonte Springs, FL 32714

ARTICLE IV INCORPORATOR

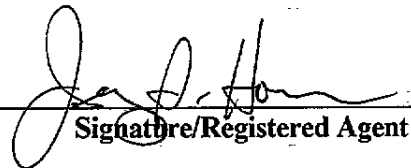
The name and address of the incorporator to these Articles of Incorporation are:
Jerry A. Horn
901 Oakwood Cove
Altamonte Springs, FL 32714


Signature/Incorporator

12/2/1999
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

12/2/1999
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA