

TRANSMITTAL LETTER  
P00000075635

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

SUBJECT: Compcheck Risk Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000003346510--5  
-08/04/00--01064--020  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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: JAY R. SMITH  
Name (Printed or typed)

12914 Prosperity Farms Rd.  
Address

NORTH PALM BEACH, FL. 33410  
City, State & Zip

561-626-3282  
Daytime Telephone number

00 AUG -4 AM 7:36  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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**ARTICLES OF INCORPORATION**

in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

**Compcheck Risk Services, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

**12914 Prosperity Farms Rd.  
North Palm Beach, Fl 33410**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Insurance Consultant**

ARTICLE IV SHARES

The number of shares of stock is:

**1000**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**Jay R. Smith  
12914 Prosperity Farms Rd.  
North Palm Beach, Fl 33410**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**Jay R. Smith  
12914 Prosperity Farms Rd.  
North Palm Beach, Fl 33410**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Jay R. Smith  
12914 Prosperity Farms Rd.  
North Palm Beach, Fl 33410**

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

8/1/00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8/1/00  
\_\_\_\_\_  
Date

**FILED**  
00 AUG -4 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA