

PO20000131102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

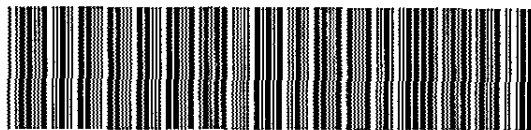
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200009342062

12/12/02--01028--003 \*\*78.75

FILED  
02 DEC 12 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

BE  
12/13

✓

# GIBBS LAW FIRM, P. A.

*Attorneys and Counselors at Law*

5666 SEMINOLE BOULEVARD, SUITE TWO  
SEMINOLE, FLORIDA 33772

TELEPHONE: (727) 399-8300  
FACSIMILE: (727) 398-3907

December 5, 2002

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

SUBJECT: Velocity Computers, Inc.

Dear Sirs:

Enclosed are an original and one copy of the articles of incorporation and a check for \$78.75 (filing fee and certified copy).

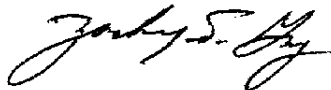
Once filed, please return the certified copy of the articles to:

Gibbs Law Firm, P. A.  
5666 Seminole Boulevard  
Suite 2  
Seminole, FL 33772

If you have any further questions, please contact our office at (727) 399-8300.

Sincerely,

GIBBS LAW FIRM, P. A.



Zachary S. Gray

**Articles of Incorporation  
of  
Velocity Computers, Inc.**

In compliance with Chapter 607 of the Florida Statutes

**Article 1 - Name**

The name of the corporation is VELOCITY COMPUTERS, INC.

**Article 2 - Principal Office**

The principal place of business and mailing address of the corporation is 5656 150<sup>th</sup> Avenue North, Clearwater, Florida 33760, Pinellas County.

**Article 3 - Purpose**

The purpose of the corporation is to engage in any lawful purpose permitted by the Florida Business Corporation Act.

**Article 4 - Shares of Stock**

The number of shares of common stock that this corporation is authorized to issue is one thousand (1,000) shares with a par value of \$1.

**Article 5 - Initial Director**

The name and address of the initial director is:  
Lynn A. Brooks                      5656 150<sup>th</sup> Avenue North, Clearwater, Florida 33760

**Article 6 - Registered Agent**

The name and address of the initial Registered Agent is:  
Lynn A. Brooks                      5656 150<sup>th</sup> Avenue North, Clearwater, Florida 33760

**Article 8 - Incorporator**

The name and address of the incorporator is:  
Lynn A. Brooks                      5656 150<sup>th</sup> Avenue North, Clearwater, Florida 33760

FILED  
02 DEC 12 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

In Witness Whereof, the undersigned, being the incorporator of this corporation, has executed these Articles of Incorporation this 6 day of December, 2002.

12/16/02  
Date

  
Lynn A. Brooks, Incorporator

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in these articles. 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 as provided for in Chapter 607 of the Florida Statutes.*

12/16/02  
Date

  
Lynn A. Brooks, Registered Agent

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN \_\_\_\_\_

OMB No. 1545-0003

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <b>VELOCITY COMPUTERS, INC.</b>	
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. Box) <b>5656 150TH AVENUE NORTH</b>	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)
	<b>4b</b> City, state and ZIP code <b>CLEARWATER, FLORIDA 33760</b>	<b>5b</b> City, state, and ZIP code
	<b>6</b> County and state where principal business is located <b>PINELLAS COUNTY, FLORIDA</b>	
	<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustor <b>LYNN A. BROOKS</b>	<b>7b</b> SSN, ITIN, or EIN

**8a** Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120</b>	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC
<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) ▶ _____

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>FLORIDA</b>	Foreign country
-------------------------	-----------------

**9** Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>COMPUTER SALES</b>	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

**10** Date business started or acquired (month, day, year)  
**DECEMBER 1, 2002**

**11** Closing month of accounting year  
**DECEMBER**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "0-".

▶ _____	Agricultural	Household	Other
	0	0	0

**14** Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale - agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale - other
			<input type="checkbox"/> Other (specify) ▶ _____	<input checked="" type="checkbox"/> Retail

**15** Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**COMPUTER SALES**

**16a** Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No  
 Note: If "yes," please complete lines 16b and 16c.

**16b** If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

**16c** Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
--	----------------------------	--------------

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

<b>Third Party Designee</b>	Designee's name <b>ZACHARY S. GRAY</b>	Designee's telephone number (include area code) <b>727-399-8300</b>
	Address and ZIP code <b>5666 SEMINOLE BOULEVARD, SUITE 2 SEMINOLE, FLORIDA 33772</b>	Designee's fax number (include area code) <b>727-398-3907</b>

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **LYNN A. BROOKS, PRESIDENT**

Applicant's telephone number (include area code)  
**727-549-9050**

Applicant's fax number (include area code)  
**727-545-9320**

Signature ▶ *Lynn A. Brooks, President* Date ▶ **12/1/02**