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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

2008 NOV 14 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

COMPCELLS BUSINESS SYSTEMS, INC.

08 NOV 14 AM 8:00
DIVISION OF CORPORATIONS

RECEIVED

Certificate of Status	0
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Corporate Filing Menu

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November 14, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORPORATE OUTFITS

SUBJECT: COMPCELLS BUSINESS SYSTEMS, INC.
REF: W08000051878

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H08000255950
Letter Number: 408A00057262

H08000255950

ARTICLES OF INCORPORATION
OF
COMPCELLS BUSINESS SYSTEMS, INC.

2009 NOV 14 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE I

THE NAME OF THE CORPORATION IS:
COMPCELLS BUSINESS SYSTEMS, INC.

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUE IS 100 SHARES AT \$10.00 PER VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$1,000.00.

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION, IN THIS STATE SHALL BE:

324 W. PARK DR.
FT. LAUDERDALE, FL. 33315

ARTICLE VII

THE NAME (S) AND STREET ADDRESS(ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

ELI LOPEZ
324 W. PARK DR.
FT. LAUDERDALE, FL. 33315

H08000255950

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN SIX DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF FOUR DIRECTORS WHOSE NAMES AND ADDRESSES ARE AS FOLLOWS:

ELI LOPEZ - PRESIDENT
324 W. PARK DR.
FT. LAUDERDALE, FL. 33315

ARTICLE IX

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

ELI LOPEZ
324 W. PARK DR.
FT. LAUDERDALE, FL. 33315

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS TENTH DAY OF NOVEMBER 2008.



ELI LOPEZ
Incorporator

11/10/08
Date

H08000255950

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is: **COMPCELLS BUSINESS SYSTEMS, INC.**

2. The name and address of the registered agent and office is:

ELI LOPEZ

324 W. PARK DR.

FT. LAUDERDALE, FLORIDA, 33315

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


ELI LOPEZ

DATE:

11/10/08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOV 14 AM 10:00

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