

Charter Number Only

217095  
P980000 11260

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

200002420942--9  
-02/04/98--01005--034  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION(S) NAME

Technical Computer Consulting Inc.

RECEIVED  
98 FEB -4 AM 10:01  
DIVISION OF CORPORATION

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

FILED  
98 FEB -4 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

certified copy

|                |
|----------------|
| Name           |
| Availability   |
| Document       |
| Examiner       |
| Updater        |
| Verifier       |
| Acknowledgment |
| W.P. Verifier  |



Empire Toll Free: 1-800-432-3028

## TRANSMITTAL LETTER

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

SUBJECT: Technical Computer Consulting 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

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Philip Marraffini  
Name (printed or typed)

10992 NW 21st Street  
Address

Coral Springs, Florida 33071  
City, State & Zip

(954) 845-5730  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

FILED

98 FEB -4 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Technical Computer Consulting INC.

### ARTICLE II - PRINCIPAL OFFICE

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

10992 NW 21st Street  
Coral Springs, Florida  
33071

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares \$1.00 par value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Brian Lynn  
Two South University Drive, Suite 215  
Plantation, Florida 33324

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Philip Marraffini  
10992 NW 21st Street  
Coral Springs, Florida  
33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of JANUARY, 19 98.

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

Philip Marraffini  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

TECHNICAL Computer  
Consulting INC

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

Brian Lynn  
(NAME)  
Two South University Drive Suite 215  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
Plantation Florida 33324  
(CITY/STATE/ZIP)

*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.*

Brian Lynn  
(SIGNATURE)

1/29/89  
(DATE)

**FILED**  
98 FEB -4 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314**