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| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer. | | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: FINE C | OMPUTER CONSULTANTS, INC | | |
|-------------------------|--|------------------------------------|--|
| SCBSECT. | (PROPOSED CORPORA | ATE NAME – MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| ■ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL COPY REQUIRED | |
| FROM: | N PORAT Nam | e (Printed or typed) | |
| 670 —— | 2 N GUNLOCK AVENUE | | |
| TA | MPA, FL 33614 | Address | |
| | City | , State & Zip | |
| 813 | -870-0060 | | |
| | Daytime | l'elephone number | |
| AR | U.RON@GMAIL.COM | | _ |
| | E-mail address: (to be use | ed for future annual report | notification) |

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

Fine Computer Consultants, Inc.

Edwin M. Fine, CEO 4223 Harbor Lake Drive Lutz, FL 33558

February 16, 2017

Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

RE: Document #: P150000394210 Fine Computer Consultants, Inc.

To Whom It May Concern:

Please let this letter serve as proof that I have no intention of revoking the dissolution of the corporation. Fine Computer Consultants, Inc., therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Ave, Tampa, FL 33614. He can be reached via phone at 813-870-0060.

Sincerely,

Edwin M. Fine, CEO

Fine Computer Consultants, Inc.

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EMF/db

SEERLIARY OF STATE ALLAHASSEE FLORINA

77

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| RTICLE II PRINC | Principal street address | Mailing | Mailing address, if different is: | |
|--|---|---|---------------------------------------|--|
| 223 HARBOR LAKE | DRIVE | | | |
| UTZ, FL 33558 | | | | |
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| he purpose for which t | OSE he corporation is organized is: ANY AN | D ALL LAWFUL BUSINE | SS | |
| ne purpose for which t | ne corporation is organized is. | | | |
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| | | | 2: 04 STATE LORID | |
| RTICLE IV SHARE The number of shares of | ES stock is: | | • | |
| the number of shares of | stock is: | | | |
| The number of shares of INITIAN Name and Title | Stock is: IL OFFICERS AND/OR DIRECTORS EDWIN M. FINE, CEO 1223 HARROR LAKE DRIVE | Name and Title: | | |
| the number of shares of | Stock is: AL OFFICERS AND/OR DIRECTORS EDWIN M. FINE, CEO 4223 HARBOR LAKE DRIVE | Name and Title: | | |
| The number of shares of INITIAN Name and Title | Stock is: IL OFFICERS AND/OR DIRECTORS EDWIN M. FINE, CEO 1223 HARROR LAKE DRIVE | Name and Title: | | |
| The number of shares of INITIAN Name and Title | Stock is: AL OFFICERS AND/OR DIRECTORS EDWIN M. FINE, CEO 4223 HARBOR LAKE DRIVE | Name and Title: | | |
| The number of shares of INITIAN Name and Title | Stock is: AL OFFICERS AND/OR DIRECTORS EDWIN M. FINE, CEO 4223 HARBOR LAKE DRIVE | Name and Title: | | |
| The number of shares of IRTICLE V INITIA Name and Title Address | Stock is: AL OFFICERS AND/OR DIRECTORS EDWIN M. FINE, CEO 4223 HARBOR LAKE DRIVE | Name and Title: Address: | | |
| The number of shares of IRTICLE V INITIA Name and Title Address Name and Title | EDWIN M. FINE, CEO 2223 HARBOR LAKE DRIVE LUTZ, FL 33558 | Name and Title: Address: Name and Title: | | |
| The number of shares of IRTICLE V INITIA Name and Title Address | EDWIN M. FINE, CEO 2223 HARBOR LAKE DRIVE LUTZ, FL 33558 | Name and Title: Address: Name and Title: | | |
| he number of shares of **RTICLE V INITIA** Name and Title Address Name and Title | EDWIN M. FINE, CEO 2223 HARBOR LAKE DRIVE LUTZ, FL 33558 | Name and Title: Address: Name and Title: Address: | | |
| The number of shares of IRTICLE V INITIA Name and Title Address Name and Title | EDWIN M. FINE, CEO LUTZ, FL 33558 | Name and Title: Address: Name and Title: Address: | | |
| The number of shares of IRTICLE V INITIA Name and Title Address Name and Title | EDWIN M. FINE, CEO LUTZ, FL 33558 | Name and Title: Address: Name and Title: Address: | | |
| The number of shares of IRTICLE V INITIA Name and Title Address Name and Title Address | Stock is: AL OFFICERS AND/OR DIRECTORS EDWIN M. FINE, CEO 4223 HARBOR LAKE DRIVE LUTZ, FL 33558 | Name and Title: Address: Name and Title: Address: | | |
| Name and Title Address Name and Title Address | EDWIN M. FINE, CEO LUTZ, FL 33558 | Name and Title: Address: Name and Title: Address: Name and Title: | | |
| The number of shares of IRTICLE V INITIA Name and Title Address Name and Title Address | Stock is: AL OFFICERS AND/OR DIRECTORS EDWIN M. FINE, CEO 4223 HARBOR LAKE DRIVE LUTZ, FL 33558 | Name and Title: Address: Name and Title: Address: Name and Title: | | |

| Name a | nd Title: | Name and Title: | |
|---|---|--|---------------------------|
| Addres | | Address: | |
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| | | | |
| | REGISTERED AGENT | 13.64. | |
| Name: | Florida street address (P.O. Box NOT acceptated EDWIN M. FINE | bie) of the registered agent is: | = |
| Address: | 4223 HARBOR LAKE DRIVE | | 17 F SECTA |
| | LUTZ, FL 33558 | | FEB 23 |
| ARTICLE VII | <u>INCORPORATOR</u> | | F PR |
| The name and a | address of the Incorporator is: | | 2: 04 STATE LORID |
| Name: | RON PORAT | | IE JC |
| Address: | 6702 N GUNLOCK AVE | | |
| | TAMPA, FL 33614 | _ | |
| Effective date, i (If an effective filing.) Note: If the dat | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and content in this block does not meet the applied effective date on the Department of State's reconstruction. | annot be more than five days proceed the control of | rior or 90 days after the |
| | med as registered agent to accept service of pi am familiar with and accept the appointment | as registered agent and agree to a | ct in this capacity |
| 1/1 | Required Signature/Registered Agen | t | Z/16/17 Date |
| | cument and affirm that the facts stated herein Department of State constitutes athird degree | are true. I am aware that the fo | |
| | 1 | J J 1 J | |
| | | | 02 - /6 - 2017 Date |
| Requ | iired Signature/Incorporator | | Date |