P00000025878

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

TRANSMITTAL LETTER

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

SUBJECT: COMPUCARE "CARE FOR THE HOME COMPUTER"

(Proposed corporate name - must include suffix)

S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	i i
FROM:	Lilliam R Name (P	Trinted or typed)	SECRET	OO MAR
	Boynton Beach City,	Address <i>Florida</i> 33 State & Zip 8 - 5806	SSEE, FLORIDA	-9 AM 10: 25
	Daytime?	Telephone number	-	

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

W-436

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME The name of the corporation shall be: COMPUCARE "CARE FOR THE HOME COMPUTER"
Co
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: PORON 134 PONTON BEACH, FI BOYNTON BEACH, FI BOYNT
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: [Afterword] 1,000 Common stock shares. 0/\$ (one cent) per value
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
Lilliam R. Comez Assa S. W 44h Street Boynton Beach, Florida 33435 ARTICLE V INCORPORATOR
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Lilliam R. Comez Same as above
Signature/incorporator 2/21/00 Date

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

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/Registered Agent