

P01000080385
TRANSMITTAL LETTER

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Subject: COMPSOLUTIONS, INC.

(Proposed corporate names -- must include suffix)

000004530640--4
-08/13/01--01102--004
*****78.75 *****78.75

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 of Status

£ \$78.75 Filing Fee & Certified Copy	£ \$ 87.50 Filing Fee Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: NORMAN PEREZ

Name

4700 HEARTHSIDE DR.

Address

ORLANDO, FL 32837

City, State & Zip

407-929-0933

Daytime Telephone number

FILED
01 AUG 13 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gk 8/15

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: **COMPSOLUTIONS, INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4700 Hearthside Dr. Orlando, FL 32837

ARTICLE III SHARES

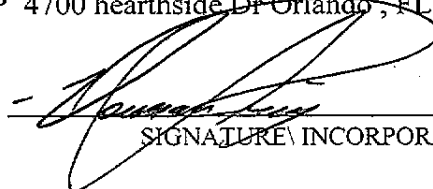
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares of common stock, No par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is: Norman Perez 4700 Hearthside Dr. Orlando, FL 32837

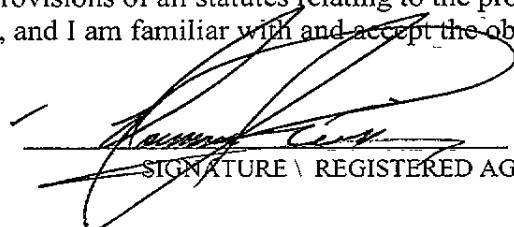
ARTICLE V INCORPORATOR

The name and address the incorporator to this Articles of Incorporation are : Norman Perez DVP 4700 hearthside Dr Orlando, FL 32837


SIGNATURE INCORPORATOR

8/9/01
Date

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

8/9/01
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA