## TRANSMITTAL LETTER Depirtment of State Division of Corporations P. O. Box 6327

SUBJECT: Complete Computing Solutions, Ine

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

\$70.00

□ \$78.75

Filing Fee

Tallahassee, FL 32314

Filing Fee

& Certificate of Status

**□** \$78.75

75

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	David Henderson	
•	Name (Printed or typed)	
	1827 Ivan Dr	
	Address	
	Tallahassee, Fl 32303 City, State & Zip	2: 2: C
	' City, State & Zip	<del>ृति</del>
	222-9357	

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

Daytime Telephone number

NO DE

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME The name of the corporation shall be:			
Complete Computing Solutions, Inc.			
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1827 Ivan Dr  Tallahassee F1 32303  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To conclude any and all lawful business in Florida			
ARTICLE IV SHARES The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  David Henclerson; Rt. 2 Box 31-B Monticello, F1 32344 fres			
Toby McCall; 1827 Ivan Dr Tallahassee, Fl 32303 Pres Lance McCall; 1827 Ivan Dr Tallahassee, Fl 32303 Pres			
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:			
David Henderson  1827 Ivan Dr  Tallahassee, FI 32303  ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:  David Henderson Rt. 2 Box 31-B Monticello, F1 32344			
Toby McCall 1827 Ivan Drive Tallahorsee, Fl 3 23.03			
**************************************			
Signature/Incorporator  S/c/02  Date			