

TRANSMITTAL LETTER

P02000049919

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

SUBJECT: COMPENSATION ADMINISTRATION CORPORATION
 (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 of Status

☐ \$78.75
 Filing Fee
 & Certified Copy

☒ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: PREMIER ACCOUNTING
 Name (Printed or typed)

000005432120--3
 -05/03/02--01003--006
 *****78.75 *****78.75

442 N WABASIT
 Address

LAKELAND FL 33815
 City, State & Zip

863 688 3825
 Daytime Telephone number

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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 02 MAY -2 AM 11:32

20 5/9

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:

COMPENSATION ADMINISTRATION CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

5337 N SOCRUM LOOP RD #216
LAKE LAND FL 33809

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

PAMELA J GONNELL, CPA
442 N WABASH
LAKE LAND FL 33815

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PHILLUP BANKS
5337 N. SOCRUM LOOP RD #216
LAKE LAND, FL 33809

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAY -2 AM 11:32

X Phil Banks
Signature/Incorporator

4-29-02
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

Pamela J Gonnell CPA
Signature/Registered Agent

4/29/02
Date