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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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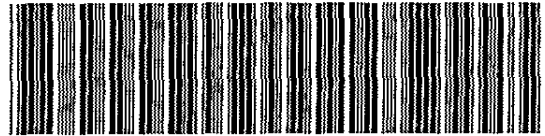
(Business Entity Name)

(Document Number)

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10-12-02

TRANSMITTAL LETTER

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

SUBJECT: CompEd, Inc.

Enclosed are an original and one (1) copy of the Articles of Incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee & Certification of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy, & Certificate of Status

FROM:

**Michael J. Martin
5004 Garrick Court
Tampa, FL 33624**

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

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:

CompEd, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**5004 Garrick Court
Tampa, FL 33624**

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Michael J. Martin
5004 Garrick Court
Tampa, FL 33624**

ARTICLE V INCORPORATOR

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

**Michael J. Martin
5004 Garrick Court
Tampa, FL 33624**


Signature/Incorporator

11-3-2002
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

11-3-2002
Date

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2002 NOV -7 AM 10:18
STATE
TALLAHASSEE, FLORIDA