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TRANSMITTAL LETTER

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

SUBJECT:Co	mp Control, Inc.				
	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the a	articles of incorporation and	d a check for:		
□ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Simcha Feuer		,	i 	
- 	Name (Printed or typed)				
	5055 Collins Ave				
	Address				
	Miami Beach, FI 33140				*
	CI	ty, State & Zip			
	917-836-4581		<i>t.</i>		
. 314	Daytim	e Telephone number	· ·		

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

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:

Comp Control Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7491 West Oakland Park Blvd Lauderhill, FI 33319

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jack Klien 7491 West Oakland Park Blvd Lauderhill, FI 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jack Klien 7491 West Oakland Park Blvd Lauderhill, FI 33319

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator