

P03000076310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

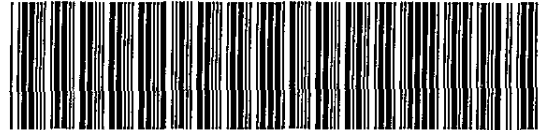
Certificates of Status _____

Special Instructions to Filing Officer:

✓

D. WHITE JUL 1 1 2003

Office Use Only



700020775047

07/07/03--01023--002 **87.50

FILED

03 JUL -7 PM 3:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: COMPU CLINIC, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: COMPU CLINIC, INC
Name (Printed or typed)

5948 W. 16th Ave
Address

HIALEAH, FL 33012
City, State & Zip

305) 828 - 9710
Daytime 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:
COMPU CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
5948 W. 16th Ave
Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To Sale Retail Computer parts, Repair Computers, and to give Internet Access Services, to export computer parts to Latin America.

ARTICLE IV SHARES

The number of shares of stock is:
20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Luis Antonio Villalta
Jhon Fabio Londono

ARTICLE VI REGISTERED AGENT

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

Luis A. Villalta
11233 Model Cir West
Boca Raton Fl, 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jhon Fabio Londono
505 E. 31st St
Hialeah, FL 33013

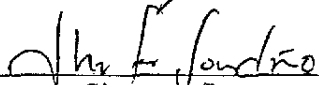
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

7/1/03

Date



Signature/Incorporator

7/1/03

Date

FILED
03 JUL -7 PM 3:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA