

PO3000/00328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

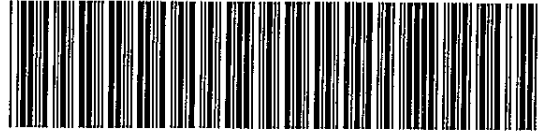
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200022414442

09/08/03--01046--002 **70.00

03 SEP -8 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

9-12-0
28-0

TRANSMITTAL LETTER

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

SUBJECT: COMPUTER TRILOGY, 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
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: JOHN MILANO
Name (Printed or typed)

P.O. Box 56677
Address

JACKSONVILLE, FL. 32241
City, State & Zip

(904) 256-0014
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:

COMPUTER TRILOGY, INC.

FILED

03 SEP -8 PM 3: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12561 PHILIPS HWY
JACKSONVILLE, FL. 32256

MAILING ADDRESS
P. O. Box 56677
JACKSONVILLE, FL. 32241

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOHN MILANO, PRESIDENT
3809 LAVISTA CIRCLE
JACKSONVILLE, FL. 32217

BARBARA L. MILANO, SECRETARY
3809 LAVISTA CIRCLE
JACKSONVILLE, FL. 32217

ARTICLE VI REGISTERED AGENT

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

JOHN MILANO
3809 LAVISTA CIRCLE
JACKSONVILLE, FL. 32217

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN MILANO
3809 LAVISTA CIRCLE
JACKSONVILLE, FL. 32217

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

Date 9/5/03

Signature/Incorporator

Date 9/5/03