

FROM : TAX ACCTG & RESEARCH INC. DIVISION OF CORPORATIONS

FAX NO. 727-733-7933

04/24/2004 4:22PM P1

Page 1 of 1

P04000083142

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Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : TAX, ACCOUNTING & RESEARCH, INC.
Account Number : 074723001473
Phone : (727) 733-7633
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

COMP-U-CUT INC

Certificate of Status	0
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FROM : TAX ACCOUNTING & RESEARCH INC

FAX NO. : 727 733-7933

May. 25 2004 04:22PM P2

H04000113052 3

ARTICLES OF INCORPORATION

OF

Comp-U-Cut Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

COMP-U-CUT INC.

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ARTICLE II PRINCIPAL OFFICE

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

4115 HEADSAIL DR.
NEW PORT RICHEY FL 34652

ARTICLE III SHARES

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

10,000 SHARES Common
NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RONALD S. ELFSTROM
4115 HEADSAIL DR.
NEW PORT RICHEY FL
34652

H04000113052 3

FROM : TAX ACTING & RESEARCH INC

FAX NO. : 727-733-7933

May. 25 2004 04:22PM P3

104000113052 3

ARTICLE V. INCORPORATION(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ronald S. ELFSTROM
4115 HEADSAIL DR
NEW PORT RICHEY FL
34652

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

MAY day of 25 2004

Ronald S. Elfstrom
Signature

Signature

Signature

Articles of Incorporation

104000113052 3

HO4000113052 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 017.0601, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Comp-U-CUT Inc.

2. The name and address of the registered agent and office is:

Ronald S. Egestrom
(Name)

4115 Headgate DR.
(P.O. Box not acceptable)

NEW PORT RICHEY FL 34652
(City/State/Zip)

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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.

Ronald S. Egestrom
(Signature)

HO4000113052 3