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| (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: | | | | |
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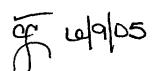


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2005 JUN -8 AH 8: 2

Office Use Only



. TRANSMITTAL LETTER

2005 JUN -8 AM 8: 26

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

| SUBJECT: | HARDWARE CLINIC, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | |
|----------------------|---|-------------------------------|------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | a check for: |
| | | | |
| □ \$70.00 | \$78.75 | □ \$78.75 | □ \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| J | & Certificate of Status | & Certified Copy | Certified Copy |
| | | 1 | & Certificate of |
| | | Į. | Status |
| | | ADDITIONAL COPY REQUIRED | |
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| | | | |
| | | | |
| PDOM. | Toffensk T W | | |
| FROM: | | anson e (Printed or typed) | |

11825 Sweetpea Ct.

(551) 470-4901 Daytime Telephone number

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

Address

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:

HARDWARE CLINIC, INC.

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IALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11825 Sweetpea Ct. Tampa, FL 33635

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Computer services & repair.

ARTICLE IV_

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

President - Jeffrey J. Hanson, 11825 Sweetpea Ct., Tampa, FL 33635 V. President - Patricia L. Assmann, 11825 Sweetpea Ct., Tampa, FL 3363 Secretary/Treasurer - Patricia L. Assmann, 11825 Sweetpea Ct., Tampa, FL

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Patricia L. Assmann 11825 Sweetpea Ct. Tampa, FL 33635

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeffrey J. Hanson 11825 Sweetpea Ct. Tampa, FL 33635

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