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TARY OF STATE
ASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	A-LIST COMPUTER SOLUTIONS, INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	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:		DANNY BLANCO Name (Printed or typed)		
	1320 HENDRIX ROAD	,		
	TALLAHASSEE, FLOF	RIDA 32301 State & Zip		
	850.524.	7881		

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:

A-LIST COMPUTERS, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1320 HENDRIX ROAD, SUITE 205 TALLAHASSEE, FLORIDA 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ALL LEGAL PURPOSES, INCLUDING BUT NOT LIMITED TO, COMPUTER PROGRAMMING, REPAIR AND SERVICING

ARTICLE IV SHARES

The number of shares of stock is:

ONE (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DANNY BLANCO, 1320 HENDRIX ROAD, SUITE 205 TALLAHASSEE, FLORIDA 32301 PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: DANNY BLANCO, 1320 HENDRIX ROAD, SUITE 205, TALLAHASSEE, FLORIDA 32301

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: DANNY BLANCO, 1320 HENDRIX ROAD, SUITE 205, TALLAHASSEE, FLORIDA 32301

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/scorporator

TO APR -9 PM 2: 30
SECINE PARY OF STATE ARIDA