

Jan 19 2012 10:07AM

Gray Robinson

11/09/38 10:07AM

P/2000006856

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: hpamp@sentrymgt.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CSB Computer Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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12 JAN 19 AM 10:41
DIVISION OF CORPORATIONS

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12 JAN 19 AM 11:38
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TALLAHASSEE, FLORIDA

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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: CSB Computer Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
2180 W. S.R. 434
Suite 5000
Longwood, Florida 32779

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100,000 no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Howard Pomp, CEO, D
Address: 2180 W. S.R. 434
Suite 5000
Longwood, Florida 32779

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

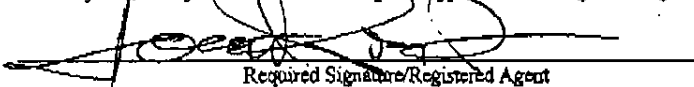
Name: Howard Pomp
Address: 2180 W. S.R. 434, Suite 5000
Longwood, Florida 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

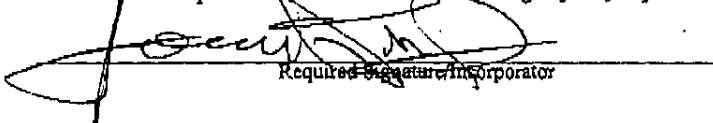
Name: Howard Pomp
Address: 2180 W. S.R. 434, Suite 5000
Longwood, Florida 32779

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


Required Signature/Registered Agent

1-18-2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

1-18-2012
Date

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