Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000065036 3)))



HI 90000650363ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number: I20030000043 Phone: (800)342-9856 Fax Number: (800)354-3381

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

Email Address:____

19FE926 6711: na

FLORIDA PROFIT/NON PROFIT CORPORATION COMPUTER SCIENCE 4 ALL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2019 FEB 26 PM 3: 42 SECRETARY OF STATE TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

No. 5557 P. 2

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

e name of the corpora	to a como		
RTICLE II PRINC	Principal street address	Mailing address, if di	fferent is.
449 S. GARD <u>ens</u> Cl	RCLE		
LTAMONTE SPRIN	GS, FL 32714		
		 	
RTICLE III PURPO	OSE ANY AND the corporation is organized is:	ALL LAWFUL BUSINESS	
le purpose for which i	ne corporation is organized is.		
			
		<u> </u>	
			
	er.c		
RTICLE IV SHAR	<u>ES</u> 200		
ie number of shares of	fstock is:		
ne number of shares of	f stock is:		
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS	Name and Title:	
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS e: PROPERTY OF THE PROPERTY OF TH	Name and Title:	
RTICLE V INITIA	AL OFFICERS AND FOR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE	Name and Title:	
RTICLE V INITIA Name and Titl	AL OFFICERS AND/OR DIRECTORS e: PROPERTY OF THE PROPERTY OF TH		
RTICLE V INITIA Name and Titl	AL OFFICERS AND AOR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714		
RTICLE V INITIA Name and Titl	AL OFFICERS AND FOR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE		
Name and Titl Address	AL OFFICERS AND FOR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address:	
Name and Title Name and Title	AL OFFICERS AND ADR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title:	-,
Name and Titl Address	AL OFFICERS AND FOR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title:	-,
Name and Title Name and Title	AL OFFICERS AND ADR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title:	-,
Name and Title Name and Title	AL OFFICERS AND ADR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title:	-,
Name and Title Name and Title	AL OFFICERS AND ADR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title:	-,
Name and Title Address Name and Title Address	AL OFFICERS AND ADR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title: Address:	
Name and Title Address Name and Title Address	AL OFFICERS AND ADR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address	AL OFFICERS AND ADR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address	AL OFFICERS AND ADR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address	AL OFFICERS AND ADR DIRECTORS SETH REICHELSON, DIRECTOR 9449 S. GARDENS CIRCLE ALTAMONTE SPRINGS, FL 32714	Address: Name and Title: Address: Name and Title:	

Name a	und Title:	Name and Title:	
Addre	ss	Address:	
	·-		
			
	REGISTERED AGENT	N . Cal	
the <u>paine and</u>	Florida street address (P.O. Box NOT acceptable SETH REICHELSON	e) of the registered agent is:	
Name:	SETH REICHELSON	<u>_</u>	
Address:	9449 S. GARDENS CIRCLE		
	ALTAMONTE SPRINGS, FL 32714		
ARTICLE VII	<u>INCORPORATOR</u>		
T1	- 44 65 h - I		
i ne <u>name and</u>	address of the Incorporator is:		
Name:	LAWRENCE A. KIRSCH		
Address:	90 STATE STREET, SUITE 815		
	ALBANY, NY 12207	<u> </u>	
ADTICI E VIII	I_EFFECTIVE DATE:		
Effective date,	if other than the date of filing:	(OPTIO)	NAL)
(If an effective filing.)	date is listed, the date must be specific and ca	onot be more than five da	ys prior or 90 days after the
Note: If the dathe document's	ate inserted in this block does not meet the applical effective date on the Department of State's recor	ble statutory filing require ds.	ments, this date will not be listed as
Having been n this certificate,	amed as registered agent to accept service of pro I am familiar with and accept the appointment as	cess for the above stated c registered agent and agre	orporation at the place designated is e to act in this capacity
-/		,	02/26/2019
			4 2
	Required Signature/Registered Agent		Date
I submit this d	ocument and affirm that the facts stated herein	are true. I am aware that elony as provided for in s.8	Date the folse information submitted in
I submit this d document to th		are true. I am aware that elony as provided for in s.8	Date the folse information submitted in

(H19000065036 3)