

P95000050549

TRANSMITTAL LETTER

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

SUBJECT: INCORPORATION

I am enclosing an original of the Articles of Incorporation for the above corporation and a check in the amount of \$ 35.00.

100001530801
-07/06/95--01034--037
*****35.00 *****35.00

From:
NAME OF CORPORATION: Complete Software Solutions, Inc.
Street Address of the Corporation: 10023 Belle Rive Blvd., # 1303
City: Jacksonville State: FL ZIP: 32256

Please send responses or receipts concerning this filing to the above address.
Thank you very much.

June 16, 1995

Rajeev Jain

Rajeev Jain

Date

Signature

Name of Incorporator

(904) 645-0625

Telephone

~~645-12777~~
35.00 F.F.

RECEIVED
JUL 11 1995
TALLAHASSEE, FLORIDA
*****35.00 *****35.00

*gmc
6/22/95*

TALLAHASSEE, FLORIDA
JUL 11 1995
FILING OFFICE

TRANSMITTAL LETTER

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

SUBJECT: Incorporation, Additional Documents

I am enclosing an original of the Articles of Incorporation for the above corporation, registered agent designation certificate and a check in the amount of \$35.00 along with a copy of your letter.

FROM:

R. Jain

Rajeev Jain
10023 BELLE RIVE BLVD., #1303
JACKSONVILLE, FL 32256

Ph: (904) 645-0625



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 22, 1995

RAJEEV JAIN
10023 BELLE RIVE BLVD #1303
JACKSONVILLE, FL 32256

SUBJECT: COMPLETE SOFTWARE SOLUTIONS, INC.
Ref. Number: W95000012717

We have received your document for COMPLETE SOFTWARE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$35.00.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 595A00030653

FILED

95 JUN 18 09:46

STATE OF FLORIDA
TALLAHASSEE

ARTICLES OF INCORPORATION

OF

COMPLETE SOFTWARE SOLUTIONS, INC.

ARTICLE I NAME

The name of the corporation shall be: COMPLETE SOFTWARE SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

10023 BELLE RIVE BLVD., # 1303
JACKSONVILLE,
FL 32256

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

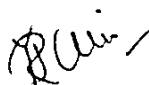
RAJEEV JAIN
10023 BELLE RIVE BLVD., # 1303
JACKSONVILLE,
FL 32256

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

RAJEEV JAIN
10023 BELLE RIVE BLVD., # 1303
JACKSONVILLE,
FL 32256

The undersigned has executed these Articles of Incorporation this 16th day of JUNE 1995.


RAJEEV JAIN
Incorporator

FILED

CERTIFICATE OF DESIGNATION

SS. 607.0501, F.S.

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

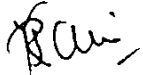
Complete Software Solutions, Inc.

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

RAJEEV JAIN

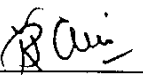
10023 BELLE RIVE BLVD., #1303

Jacksonville, FL 32256

Signature: 

Date: 6/26/95

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.

Signature: 

Date: 6/26/95 _____