

PM100000 7/178

Chapter Number Only

1-22-97 Christine

Comprehensive Business Services

Requestor's Name  
4960 SW 52 St. #401

Address  
Davie FL 33314

City State ZIP Phone  
(954) 583-3066

VALIDATION ONLY

300002067933-5  
-01/24/97--01072--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Computer Center of Pembroke Pines, Inc.

FILED  
97 JAN 24 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
JAN 24 AM 11:44  
CORPORATION

Empire Toll Free: 1-800-432-3098

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation         | <input type="checkbox"/> Certified Copy     | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Photo Copies        | <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> After 4:30                 |
| <input type="checkbox"/> Call If Problem     | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Mail Out                   |
| <input type="checkbox"/> Will Wait           | <input checked="" type="checkbox"/> Pick Up |   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

**TRANSMITTAL LETTER**

**January 20, 1997**

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

**SUBJECT: Computer Center of Pembroke Pines, Inc.**

**Enclosed please find an original and two (2) copies of the Articles of Incorporation for the above corporation and check in the amount of \$ 70.00.**

**FROM:**

**Michael A. Lambert**

**12566 Pines Blvd.**

**Pembroke Pines, FL 33027**

**954-704-1800**

ARTICLES OF INCORPORATION

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OF

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Computer Center of Pembroke Pines, Inc.

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

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The name of the corporation shall be:

Computer Center of Pembroke Pines, Inc..

ARTICLE II PRINCIPAL OFFICE

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

12566 Pines Blvd.  
Pembroke Pines, FL 33027

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE III CAPITAL STOCK

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

200 shares of Common Stock at \$1.00 Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

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The name and address of the initial agent is:

Michael A. Lambert  
12566 Pines Blvd.  
Pembroke Pines, FL 33027

### ARTICLE V INCORPORATOR

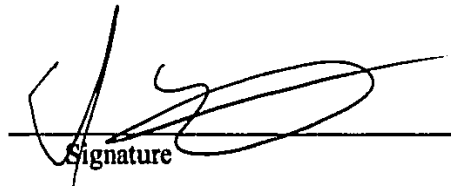
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The name and street address of the Incorporator to these Articles of Incorporation is:

Michael A. Lambert  
12566 Pines Blvd.  
Pembroke Pines, FL 33027

The undersigned has executed these Articles of Incorporation this

2nd day of January, 1997.

  
Signature

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Computer Center of Pembroke Pines, Inc.

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

Michael A. Lambert

12566 Pines Blvd.

Pembroke Pines, FL 33027

SIGNATURE

Michael A. Lambert

TITLE Incorporator

DATE 1/2/97

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

Michael A. Lambert

DATE 1/2/97