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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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TO DIVISION OF CORPORATIONS FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

PHDNE: (305)599-0839

FAX #1 (305)716-0346

NAME: COMPUSERVICES & SUPPLIES, INC.

AUDIT NUMBER..... H97000004853

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...1

PAGES..... 3

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97 MAR 24 PH 4: 1

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 24, 1997

FAS-T CORP. AGENTS, INC.

SUBJECT: COMPUSERVICES & SUPPLIES, INC.

REP: W97000006750

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

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) 487-6933.

Dana Calloway Document Specialist PAX Aud. #: H97000004853 Letter Number: 897A00014772

H97000004853

ARTICLES OF INCORPORATION 97 MAR 24 PM 7: 20

COMPUSERVICES: & SUPPLIES INC.

SECRETARY OF STATE COMPUSERVICES: & SUPPLIES INC. YALLAHASSEE OF STATE
The undersigned incorporator(s), for the purpose of formulaging corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE L NAME

The name of the corporation shall be: compuservices & supplies inc.

The principal place of business of this corporation shall be:

5209 NW 74th Ave. Suite 226 Miami, Florida 33166

ARTICLE IL NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 Shares \$1.00 par value

ARTICLE IV TERM OF EXISTENCE This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Hugo Fernando A. Mendoza

5209 NW 74th Ave. Suite 226 Miami, Fl 33166

Prepared by: Hugo Fernando A. Mendoza 5209 NW 74th Ave., Suite 226

Miami, FL 33166 (305) 512-9241

H97000004853

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Hugo Fernando A. Mendoza

5209 NW 74th Ave. Suite 226 Miami, FL 33166

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of incorporation this 24th day of March 1997.

Signature(s) of incorporator(s)

REGISTERED AGENT/REGISTERED OFFICESECRETARY 7: 2
Pursuant to the provisions of Section 607.325, Florida Signification the undersigned corporation, organized under the laws of the D_A
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:
COMPUSERVICES & SUPPLIES INC.
2. The name and address of the registered agent and office is:
Hugo Fernando A. Mendoza 5209 NW 74th Ave. Suite 226
(P.O. BOX NOT ACCEPTABLE)
Miami, Florida 33166
(CITY/STATE/ZJP)
SIGNATURE Muyo ane.
TITLE 3/24/97 Director
· ·
DATE 3/24/97
. ·
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF
SECTION 407 325 FLORIDA STATHTES
SIGNATURE Lugo ane
DATE 03-24-97

CERTIFICATE OF DESIGNATION

H97000004853