

P980000014117

TRANSMITTAL LETTER

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

400002416214--7
-01/29/98--01080--004
****122.50 ****122.50

SUBJECT: Complex, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Complex, Inc.
Name (printed or typed)

4417 Sugar tree Dr. W.
Address

LAKE LAND, FL 33813
City, State & Zip

(941) 533-0039
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 12 AM 11:54

NOTE: Please provide the original and one copy of the articles.

2-12-98
2-11-98
2-2-98
WS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 2, 1998

COMPEX, INC.
4417 SUGAR TREE DR. W.
LAKELAND, FL 33813

SUBJECT: COMPEX, INC.
Ref. Number: W98000002249

We have received your document for COMPEX, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6995.

Wanda Sampson
Document Specialist

Letter Number: 698A00005643

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

COMPEX INSURANCE CORPORATION
~~COMPEX, Inc.~~

ARTICLE II PRINCIPAL OFFICE

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

4417 Sugar tree Dr W.
LAKE LAND, FL 33813

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ARTICLE III SHARES

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

ONE THOUSAND (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Darrell J. Mills
4417 Sugar tree Dr W
LAKE LAND, FL
33813

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Darrell J. Mills
4417 Sugartree Dr W
Lakeland, FL 33813

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27 day of January, 19 98.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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: Comp Ex Insurance Corporation
~~Complex, Inc.~~

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


Darrell S. Mills
(NAME)

4417 Sugartree Dr W
(P O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lakeland, FL 33813
(CITY/STATE/ZIP)

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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)

1-27-98
(DATE)