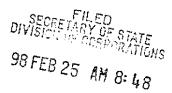
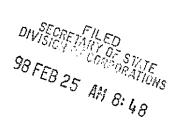
## D9800018571 TRANSMITTAL LETTER



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

SUBJECT:	Comp-U-G	Smart Inc. orporate name - must include suffix)
		90002 -02/25 *****
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 □ \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate  ADDITIONAL COPY REQUIRED
FROM: Diane Miller Name (Printed or typed)		
80 Joyce St. Address		
Safety, Harbor, FL 34695 City, State & Zip		

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



## ARTICLES OF INCORPORATION

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	·		
The name of the corporation shall be:			
Comp-U-Smart Inc.			
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this office St. Safety, Harbor, FC 34695	corporation shall be:		
ARTICLE III SHARES			
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:			
Fifty (50)			
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS			
The name and Florida street address of the initial registered agent are:			
Diane Miller			
80 Joyce St. Safety Harbor, FL 34695			
Satiety Harbor, PC 3 7813			
ARTICLE V INCORPORATOR			
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:			
Diane Miller			
80 Joyce St,			
Safety Harbor, FL 34695			
Salve inter	F		
Jamel	2/22/98		
Signature/Incorporator	Date		

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

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/Registered Agent Date