7262 TRANSMITTAL LETTER Department of State **Division of Corporations** 0000 P. O. Box 6327 -809 Tallahassee, FL 32314 \*\*\*\*78.75 \*\*\*\*78.75 INTEGRATION SERVICES, INC. NETCOMP **SUBJECT:** (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 \$78.75 **\$122.50 \$131.25** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED GEORGE F. JOHNSON FROM: Name (Printed or typed) CRAWFORD 301 BLVD 98 OCT -9 AM 8: 31 SUITE 204 Address <u>RATON, FL</u> <u>33432-3762</u> City, State & Zip BOCA (561) 347-8151 Daytime Telephone number

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

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## **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:

# NETCOMP INTEGRATION SERVICES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

301 CRAWFORD BLVD. SUITE 204 BOCA RATON, FL 33432-3762

#### ARTICLE III SHARES

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

1.0 MILLION

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

GEORGE F. JOHNSON GSI SW JUNEBERRY CT. BOCA RATON, FL 33486

### ARTICLE V INCORPORATOR

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

GEORGE F. JOHNSON 651 SW JUNEBERRY CT

ature/Incorporator

Date

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

- BOCA RATON, FC 33486

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

MM Signature/Registered Agent

10/68/98 Date