

TRANSMITTAL LETTER

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

300002744149-3  
-01/15/99--01078--009  
\*\*\*\*131.25 \*\*\*\*\*87.50

SUBJECT:

COMPUTECH 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:

STEVEN J. MARTIN

Name (Printed or typed)

5141 W. SAXON CIRCLE

Address

FT. LAUDERDALE, FL 33333

City, State & Zip

954-252-8533

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 FEB - 1 PM 3:33

FILED

4 1999

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 20, 1999

STEVEN J. MARTIN  
5141 W. SAXON CIRCLE  
FT. LAUDERDALE, FL 33331

SUBJECT: COMPUTECH INC.  
Ref. Number: W99000001466

We have received your document for COMPUTECH INC. and your check(s) totaling \$131.25. 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.

The document must state the number of shares of authorized stock.

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) 487-6933.

Dana Calloway  
Document Specialist

Letter Number: 299A00002648

STEVEN J. MARTIN  
5141 W. SAXON CIRCLE  
FT. LAUDERDALE, FL. 33331  
(954) 252-8533

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

ATTN: DANA COLLOWAY

I recently sent in an application for a proposed corporate name of CompuTech Inc., but was denied because the name is already in use. I was informed that I overpaid the Filing Fee. I sent a check for \$131.25 when the check should have been for \$87.50. I would like a refund of \$43.75. Please send the refund to the above name and address.

I also have enclosed another application for a new name that I understand is available. Thank You.

Sincerely,



STEVEN J. MARTIN

## 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:

COMPUTECH ASSISTANCE CORP.

### ARTICLE II PRINCIPAL OFFICE

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

15751 SHERIDAN ST.  
SUITE 128  
FT. LAUDERDALE, FL. 33331

### ARTICLE III SHARES

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

100 NO PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

STEVEN J. MARTIN  
5141 W. SAXON CIRCLE  
FT. LAUDERDALE, FL. 33331

### ARTICLE V INCORPORATOR

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

STEVEN J. MARTIN  
5141 W. SAXON CIRCLE  
FT. LAUDERDALE, FL. 33331

  
Signature/Incorporator

2/1/99  
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

2/1/99  
Date

FILED  
99 FEB - 1 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA