

TRANSMITTAL LETTER

P99000076718

Department of State
Division of Corporations

~~P.O. Box 6327~~ 409 E. Gaines St.,
Tallahassee, FL ~~32314~~ 32399

SUBJECT: ABC COMPUTER TRAINING, INC.
(Proposed corporate name - must include suffix)

400002968184--4
-08/24/99--01042--008
*****78.75 *****78.75

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Christopher J. Thiel, Esq.
Name (Printed or typed)

7821 Little Road

Address

New Port Richey FL34654

City, State & Zip

727.847.5152

Daytime Telephone number

99 AUG 24 AM 10:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TS 8/27/99

ARTICLES OF INCORPORATION
OF
ABC COMPUTER TRAINING, INC.

I
NAME

The name of the corporation shall be **ABC COMPUTER TRAINING, INC.**

II
PRINCIPAL OFFICE

The principal office of business and the mailing address of the corporation shall be:

8136 Pennwood Drive, Port Richey FL 34668

III
SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

IV
INITIAL REGISTERED AGENT AND STREET ADDRESS

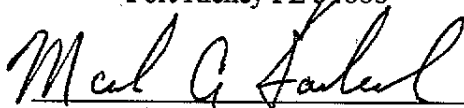
The name and Florida street address of the initial registered agent are:

MARK A. GARLOCK
8136 Pennwood Drive
Port Richey FL 34668

V
INCORPORATOR

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

MARK A. GARLOCK
8136 Pennwood Drive
Port Richey FL 34668


Signature of Incorporator

8.23.99
Date

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

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 of Registered Agent

8.23.99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED