

TRANSMITTAL LETTER

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

300003023753--8  
-10/25/99--01093--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** Compu⊕ Aid, 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 of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** William L. Doland  
Name (Printed or typed)  
405 N. Briggs Ave. #114  
Address  
Sarasota, FL 34237  
City, State & Zip  
941-951-7725  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 NOV -3 PM 3:47

FILED

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

405 North Briggs Avenue  
Apartment #114  
Sarasota, FL 34237

741-951-7725

William L. Doland

November 1, 1999

Department of State  
Division of Corporations  
Attn. Kimberly Rolfe  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Ms. Rolfe,

As per our telephone conversation this morning, I am revising the corporate name that I have applied for from Compu⊕Aid, Inc. to Compu⊕Aid of Sarasota, Inc. I realize that the Department of State must use a plus sign (+) rather than a first aid symbol in order to accommodate your database. Your use of the plus sign satisfies my purposes.

Thank you for your assistance in this matter.

Sincerely,



Bill Doland



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**

October 27, 1999

**WILLIAM L. DOLAND**  
**405 N BRIGGS AVE, #114**  
**SARASOTA, FL 34237**

**SUBJECT: COMPU+AID, INC.**  
**Ref. Number: W99000024783**

We have received your document for COMPU+AID, INC. and your check(s) totaling \$87.50. 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) 487-6924.

**Kimberly Rolfe**  
**Corporate Specialist Supervisor**

**Letter Number: 599A00051643**

## 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:

CompuⓈAid of Sarasota, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

405 N. Briggs Ave. #114  
Sarasota, FL 34237

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kraig H. Koach, Esq.  
1800 2<sup>nd</sup> St., Suite 803  
Sarasota, FL 34236

### ARTICLE V INCORPORATOR

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

William L. Doland  
405 N. Briggs Ave. #114  
Sarasota, FL 34237

  
Signature/Incorporator

10/22/99  
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

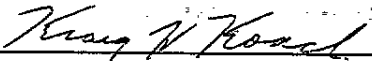
  
Signature/Registered Agent

10/22/99  
Date

FILED  
99 NOV -3 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

The undersigned hereby accepts the designation as registered agent of the above Corporation. I accept the duties and obligations of Section 607.0505 Florida Statutes and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

  
\_\_\_\_\_  
KRAIG H. KOACH

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941-951-7725

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November 1, 1999


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Secretary of State

October 27, 1999

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Signature/Registered Agent

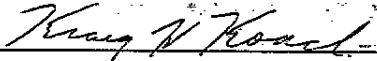
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