

TRANSMITTAL LETTER

P99000104383

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

SUBJECT: Servicomp International, 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: Darwin Ramos
Name (Printed or typed)

2968 NW 31 St
Address

Miami, FL 33142
City, State & Zip

(305)-633-8420
Daytime Telephone number

400003055484--0
-11/29/99--01120--007
*****78.75 *****78.75

FILED
99 NOV 29 AM 9:58
TALLAHASSEE, FLORIDA

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

12-2-99

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: Servicomp International, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2968 NW 31st
Miami, FL 33142

ARTICLE III SHARES

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

100 @ \$1.00 each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

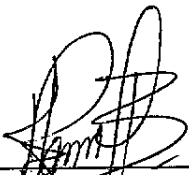
2968 NW 31st
Miami, FL 33142

Darwin Ramos

ARTICLE V INCORPORATOR

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

Darwin Ramos
2968 NW 31st
Miami, FL 33142



Signature/Incorporator

11/24/99

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

11/24/99

Date

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99 NOV 29 AM 9:59
TALLAHASSEE, FLORIDA