

P10000019422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

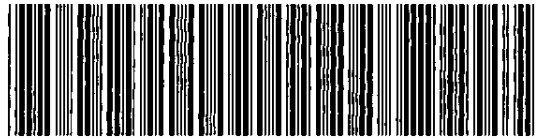
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/15/10--01021--008 **78.75

FILED
10 MAR -1 PM 12:37
SECRETARY OF STATE
PAID 12.00

W1000002811

ca

3-4-10 ca

COVER LETTER

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

SUBJECT: ENTITY NETWORK SOLUTIONS
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: ROBERT M. HAMERSLEY
Name (Printed or typed)

346 SW 191 TERR
Address

PEMBROKE PINES, FL 33029
City, State & Zip

954-270-2508 / 954-447-7627
Daytime Telephone number

ROBERT@ENTITYNETWORKSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

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

Christine:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2010

ROBERT M. HAMERSLEY
346 SW 191 TERR
PEMBROKE PINES, FL 33029

NO INTENTION OF

SUBJECT: ENTITY NETWORK SOLUTIONS
Ref. Number: W1000007811

We have received your document for ENTITY NETWORK SOLUTIONS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 910A00003839

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 MAR - 1 AM 8:14

RECEIVED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ENTITY NETWORK SOLUTIONS Corporation

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

ROBERT M. HAMERSLEY
346 SW 191 TERR
PEMBROKE PINES, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INFORMATION TECHNOLOGY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ROBERT HAMERSLEY - CHIEF EXECUTIVE OFFICER
JOE PARTLOW - CHIEF INFORMATION OFFICER
ALEAH PARTLOW - CHIEF FINANCIAL OFFICER

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

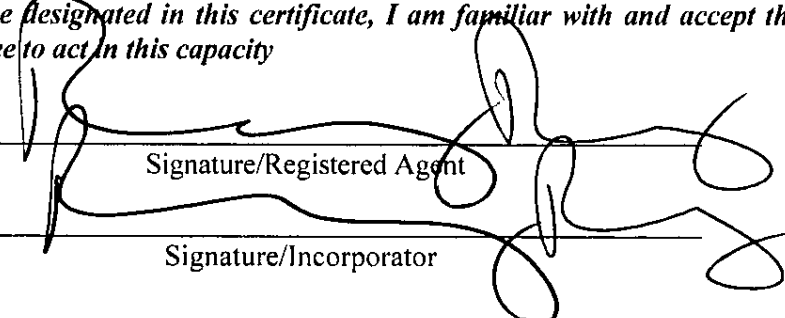
ROBERT M. HAMERSLEY
346 SW 191 TERR
PEMBROKE PINES, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert M. Hamersley
346 SW 191 TERR
PEMBROKE PINE, FL 33029

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

Signature/Incorporator

2-11-10
Date
2-11-10
Date

FILED
10 MAR - 1 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA