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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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TRANSMITTAL LETTER

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

SUBJECT:				
Enclosed are an orig	inal and one (1) copy of the art	ricles of incorporation and	i a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:				
Careen Cove Society FL 32043 Cityl Statola Zip				
919. 649. 8097 Daytime Telephone number				

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

And the second section of the second

Articles of Incorporation

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

FILED

Article I Name

The name of the corporation shall be:

03 JUN -9 PM 2: 26 SECRETARY OF STATE TALLAHASSEE FLORIDA

netSentric, Inc.

Article II Principal Office

The principal place of business/mailing address is:

411 Walnut Street

Suite 2313

Green Cove Springs, FL 32043

Article III Purpose

The purpose for which the corporation is organized is:

To engage in any and all lawful business.

Article IV Shares

The number of shares of stock is 1,000,000

Article V Initial Officers/Directors

Article VI Registered Agent

The name and Florida street address of the registered agent is:

Scot Andre

411 Walnut Street, #2313

Green Cove Springs, FL 32043

Article VII Incorporator

The name and address of the Incorporator is:

Scot Andre

411 Walnut Street, #2313

Green Cove Springs, FL 32043

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.