

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jajahbacpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION FIRST COAST NETWORKERS, INC.

| | - |
|-----------------------|---------|
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Corporate Filing Menu

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

13 MAY 16 AM 11: 18

Date

| ARTICLE II | PRINCIPAL OFFICE | |
|---|---|--|
| | Principal street address | Mailing address, if different is: |
| | 4929 Atlantic Blvd. | |
| | Jacksonville, Fl. 32207 | Jacksmoville FI 32707 |
| | · · · · · · · · · · · · · · · · · · · | |
| RTICLE III | PURPOSE | |
| he purpose for | which the corporation is organized is: | |
| To have indi | vidual business professionals c | convene and promote each other's businesses. |
| RTICLE IV | MANNER OF ELECTION The r | namer in which the directors are elected and appointed: |
| | Directors by Members | •• |
| ARTICLE V | | TRRCTORS |
| | | reasurer Name and Title: Meredith Porter - Vice President |
| Address: | 4929 Atlantic Blvd. | Address: 4929 Atlantic Blvd. |
| • | Jacksonville, FL 32207 | Jacksonville, FL 32207 |
| | | |
| Name and | Title:William Haft - President | Name and Title: |
| Address: | 4929 Atlentic Blvd. | Address: |
| | Jacksonville, FL 32207 | |
| Name and | Title | Name and Title: |
| Address: | | Address: |
| | | |
| | - | |
| RTYCLE VI | | |
| | lorida street address (P.O. Box NOT acco | ptable) of the registered agent is: |
| Name: | Gerald R. Roach | |
| Address: | 4929 Atlantic Bivd. Jacksonville, FL 32207 | |
| | DADREOTVILLE, FL 32207 | |
| RTICLE VII | INCORPORATOR | |
| | ddress of the Incorporator is: | |
| Name: | Shanice Reld | |
| Address: | 25 Robert Pitt Drive, Suite 20 | 4 |
| • | Monsey, NY 10952 | |
| | , | |
| | med as registeral agent to accept service | s of process for the above stated corporation at the place designated in thi |
| laving been na | 4 PM 10 M 11 M | as registered agent and agree to act in this capacity |
| laving been na ertifjpate, I am j | anyttar yng aptiqueept the appointment i | |
| laving been na ertifipate, I wn f | Tamiliar with appraise epit the appointment | F-6,-1,0 |
| laving been na ertifipate, I am j Herak | & Ktoach | 5/5//3 |
| iaving been na ertifipate, I am j Heral | Required Signature of Registered | 1 Agent 5/5/13 |
| ertifipate, I am f Lecal | Required Signature of Registered | |
| ertifipate, I am f Local submit this doc | Required Signature of Registered | rein are true. I am aware that any false information submitted in a documen |

Required Signature of Incorporator