

N1700000744b

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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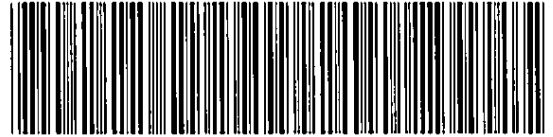
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/18/17--01003--010 **70.00

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COVER LETTER

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

SUBJECT: Touch One Wireless
(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

ADDITIONAL COPY REQUIRED

FROM: Tamika Lashunola Jackson-Brown
Name (Printed or typed)

45 Aronia Lane
Address

Chattahoochee, FL 32324
City, State & Zip

(850) 306-0406
Daytime Telephone number

TouchOneWireless@outlook.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Touch One Wireless Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

65 Aronia Lane
Chattahoochee, Fl.
32324

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: offer Free Phones with Free
First Month Fee to Prisoners Being Released from
State and Federal

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed by
Tamika Jackson Brow

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

CEO
Name and Title: Tamika Jackson Brow Name and Title: _____

Address: 65 Aronia Lane Address: _____
Chattahoochee, Fl.
32324

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE
TALLAHASSEE
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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Tamika Jackson-Brown

Address: 65 Arania Lane
Chattahoochee, FL 32324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tamika Jackson-Brown

Address: 65 Arania Lane
Chattahoochee, FL 32324

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Tamika Jackson-Brown

Required Signature of Registered Agent

7/18/17

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Tamika Jackson-Brown

Required Signature of Incorporator

7/18/17

Date