

TRANSMITTAL LETTER

P0000002/2848

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

100003120441--4
-02/02/00-01039-005
*****87.50 *****87.50

SUBJECT: TELECONCEPT-NETWORK 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: STEPHAN SOILLEUX
Name (Printed or typed)

2682 Meadowood Ct
Address

WESTON FL 33332
City, State & Zip

954 217 9884
Daytime Telephone number

FILED
00 FEB -2 AM 7:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

2:200
2

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:

TELECONCEPT-NETWORK INC

ARTICLE II PRINCIPAL OFFICE

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

8122 GLADES RD PNB 303
BOCA RATON FL 33434

ARTICLE III SHARES

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

One thousand (1000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

STEPHANE SOILLEUX
2682 MEADOWOOD CT WESTON FL 33332

ARTICLE V INCORPORATOR

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

STEPHANE SOILLEUX
2682 MEADOWOOD COURT
WESTON FL 33332



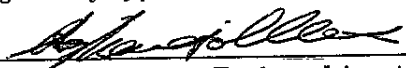
Signature/Incorporator

01-31-00

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

01-31-00

Date

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TALLAHASSEE FLORIDA