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TRANSMITTAL LETTER

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

000003407960--8

--03/23/00--01050--013

\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** FLORIDA TELECOM SPECIALISTS, 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:** LUZIA C. PIRES

Name (Printed or typed)

50 BURBANK DRIVE

Address

PALM COAST, FL 32137

City, State & Zip

(904) 446 - 6929

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 SEP 28 PM 2:15

FILED

F. CHESLER OCT 2 2000

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

# 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:

FLORIDA TELECOM SPECIALISTS, INC.

## **ARTICLE II PRINCIPAL OFFICE**

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

50 BURBANK DRIVE  
PALM COAST, FL 32137

## **ARTICLE III SHARES**

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

100 SHARES

## **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

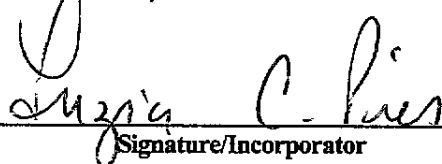
The name and Florida street address of the initial registered agent are:

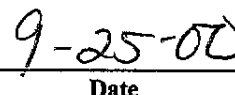
LUZIA C. PIRES  
50 BURBANK DRIVE  
PALM COAST, FL 32137

## **ARTICLE V INCORPORATOR**

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

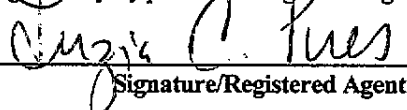
LUZIA C. PIRES, PRESIDENT  
50 BURBANK DRIVE  
PALM COAST, FL 32137

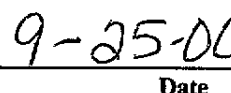
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
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

  
\_\_\_\_\_  
Date

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00 SEP 28 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA