

TRANSMITTAL LETTER

P02000048479

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

SUBJECT: Advanced Wireless Communications 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

2X

ADDITIONAL COPY REQUIRED

FROM:

David Arrington
Name (Printed or Typed)

P. O. Box 5701
Address

Destin FL 32540
City, State & Zip

850 - 269-4656
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY - 2 PM 3:25

APPROVED
AND
FILED

RECEIVED

02 MAY - 2 PM 3:13

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

200005431922-1
-05/03/02-01004-001
*****87.50 *****87.50

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

gjs/2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Name of the corporation shall be:

Advanced Wireless Communications Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*P.O. Box 5701
Destin Fl. 32540*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

*David Arrington President
P.O. Box 5701
Destin Fl. 32540*

ARTICLE VI REGISTERED AGENT

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

*David Arrington
501 Hwy 98 East Unit G
Destin Fl. 32541*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*David Arrington
P.O. Box 5701
Destin Fl. 32540*

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

[Signature]

Signature/Registered Agent

5/2/02

Date

[Signature]

Signature/Incorporator

5/2/02

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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