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	(Requestor's Name)	
	(Address)	
	(Address)	
	(Cîty/State/Zip/Phone #)	
PICK-U	,	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Statu	s
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Special Instruction	s to Filing Officer:	
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SECRETARY OF STATE
AREANSSEE FLORIDA



TRANSMITTAL LETTER

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

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	2				
	•				
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d a check for:		
\$70.00	□ \$78.75	□ \$78.75	₩ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
· ·	& Certificate of Ŝtatus	& Certified Copy	Certified Copy		
	*= **		& Certificate of		
			Status		
	• • • • • • • • • • • • • • • • • • •	ADDITIONAL COPY REQUIRED			
FROM:	BRADFORD HAM	ILTON			
Name (Printed or typed)					
3475 N Country Club DR #804					
Addréss					
2 2 4 6 5					
MIAMI FZ 33180					
	City, State & Zip				
954-347-7594					
Daytime Telephone number					

HAMILTON

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

ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

HAMILTON TELECOM INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3475 N. COUNTRY CLUB DRIVE #804 MIAMI, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):

BRADFORD HAMILTON, President 3475 N. Country Club Drive #804 MIAMI, FC 33/80

ARTICLE VI REGISTERED AGENT

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

BRADFORD HAMILTON 3475 N. Country Club Drive #804 MIAMI FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRADFORD HAMILTON 3475 N. Contry Club Drive# 804 MIAMI, FL 33180

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/Registered Agent Signature/Incorporator

Date Date

Con CIL CO CONTRACTOR OF STATE OF STATE