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SECRETARY OF STATE.

mz 3/18

TRANSMITTAL LETTER

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

SUBJECT:	NATIONWIDE TE			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	a check for:	
□ \$70.00	⊠ \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
, and the second	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	BONNIE SPI	NA	,	
1101111	Name (Printed or typed)			
	127 FOREST	LAKES BU	UD #7	
127 FOREST LAKES BLUD #7. Address				
OLDSMAR FE 34677 - City, State & Zip				
$\frac{813 - 854 - 2424}{\text{Daytime Telephone number}}$				

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)	Ellen
	FILED
ARTICLE I NAME	04 MAR 15 PM 4: 28
The name of the corporation shall be: NATIONWIDE TECH SOLUTIONS, INC.	SECRETARY
NATIONWISE TECH SOLL ,	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	LUKIUA
ARTICLE II PRINCIPAL OFFICE The principal place of hydrogen weiting address in	
The principal place of business/mailing address is: 127 FOKEST LAKES BLUD # 7	
141 PORESI CARCO IS	
OLDSMAR A 34677	
ARTICLE III PURPOSE	en geregen en de servición de la companya de la co
The purpose for which the corporation is organized is: SUPPLY TECHNICIANS FOR NETWORKING	
SUPPLY TECHNICIANS FOR INC.	
ARTICLE IV SHARES The number of shares of stock is:	
10,000	
10,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
BONNIE SPINA 127 FOREST LAKES BLVD #7	
127 PORESI CITE	
OLDS MAR, 12 34677	
ARTICLE VI REGISTERED AGENT	. <u>.</u>
The <u>name and Florida street address</u> of the registered agent is:	
BONNIE SPINA 127 FOREST LAKES BLVD #7	
12) FOREST CAREST	
OLDSMAR FL 34677	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	. -
•	
BONNIE SPINA 12) FOREST LAKES BLUD #7	
(5) 1-0/25/ 5/	
OLDS MAR FL 34-77	*****
Having been named as registered agent to accept service of process for the above stated corporation at t certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capa	
	1
promise 3-1	1-04
/ Signature/Registered Agent	Date
	/

Signature/Incorporator