

PO4000/35444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

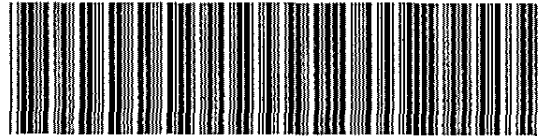
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200041217432

09/22/04--01057--002 **70.00

06 SEP 27 PM 4:03

FILED

Handwritten signature

TRANSMITTAL LETTER

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

SUBJECT: Network Tech Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Rita Lee
Name (Printed or typed)

801 Brickell Ave Suite 804
Address

Miami FL 33131
City, State & Zip

305 831 0193
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 22, 2004

RITA LEE
801 BRICKELL AVE SUITE 804
MIAMI, FL 33131

SUBJECT: NETWORK TECH SERVICES, INC.
Ref. Number: W04000035190

We have received your document for NETWORK TECH SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 604A00055923

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Network Tech Services, Inc.

04 SEP 27 PM 4:03

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

801 Brickell Ave Suite 804 miami FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO provide network services for business.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Rita Lee, 801 Brickell Ave Suite 804 miami FL 33131

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

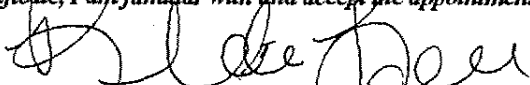
Rita Lee, 801 Brickell Ave # 804 miami FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rita Lee, 801 Brickell Ave # 804 miami FL 33131

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

9/24/01

Date



Signature/Incorporator

9/24/01

Date