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TRANSMITTAL LETTER

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

SUBJECT:	MB NETWORK SOLUTIONS, INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	final and one (1) copy of the artic	cles of incorporation and	i a check for:	
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
EDOM.	MARIJ	AN BILIC		
FROM:	Name (Printed or typed)			
	924 OLD MAIL LANE Address			
	SANFORD, FL 32773			
•	City,	State & Zip		
	(407) 310-5591			
•	Daytime Telephone number			

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



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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:

MB NETWORK SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

924 OLD MAIL LANE SANFORD, FL 32773

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: NETWORK INSTALATION/FIBER OPTIC NETWORKING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MARIJAN BILIC

PRESIDENT

924 OLD MAIL LANE SANFORD, FL 32773

ARTICLE VI REGISTERED AGENT

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

MARIJAN BILIC 924 OLD MAIL LANE SANFORD, FL 32773

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

MARIJAN BILIC 924 OLD MAIL LANE SANFORD, FL 32773

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

Ben	01/26/2005
Signature/Registered Agent	Date
Maria	
Signature/Incorporator	Date