

P05000034328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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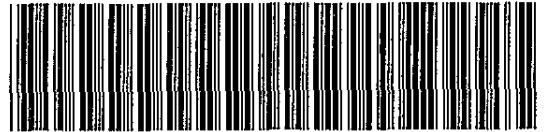
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/7/05
SPV

TRANSMITTAL LETTER

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

SUBJECT: Optimum Network Solutions, 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: Anthony Casero
Name (Printed or typed)
351 S. Cypress Rd. Suite #305
Address
Pompano Beach, FL, 33060
City, State & Zip

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)

ARTICLE I NAME

The name of the corporation shall be:

Optimum Network Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

351 S. Cypress Rd. - Suite # 305
Pompano Beach, FL, 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit/Real Estate

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Anthony Casco
351 S. Cypress Rd. - Suite #305
Pompano Beach, FL, 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anthony Casco
351 S. Cypress Rd. - Suite #305
Pompano Beach, FL, 33060

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

Anthony Casco

Signature/Registered Agent

2/24/05
Date

Anthony Casco
Signature/Incorporator

2/24/05
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA