

P05000091486

(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



800056102768

06/15/05--01018--012 \*\*78.75

FILED  
05 JUN 15 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 6-27

## TRANSMITTAL LETTER

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

SUBJECT: Unlimited Services ~~Networking~~, 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: Charles A Hertel  
Name (Printed or typed)

58 Kent Dr SW

Address

Winter Haven, FL 33880

City, State & Zip

863-651-7442

Daytime Telephone number

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



RECEIVED

05 JUN 27 PM 4:12

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 15, 2005

CHARLES A. HERTEL  
58 KENT DR. SW  
WINTER HAVEN, FL 33880

SUBJECT: UNLIMITED SERVICES, INC.  
Ref. Number: W05000029534

We have received your document for UNLIMITED SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filings Section

Letter Number: 405A00041516

## TRANSMITTAL LETTER

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

SUBJECT: **Unlimited Services Networkng, Inc.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUTEX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **Charles A Hertel**

Name (Printed or typed)

**58 Kent Dr SW**

Address

**Winter Haven, Fl 33880**

City, State & Zip

**863-651-7442**

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)

FILED  
05 JUN 15 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: **Unlimited Services Networking, Inc**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **58 Kent Dr SW, Winter Haven Fl.,  
33880**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Sales and Service repairs**

**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):

**Charles A Hertel 58 Kent Dr, Winter Haven, Fl 33880 President**

**Susan M Hertel 58 Kent Dr, Winter Haven, Fl 33880 Vice President / Secretary Treasure**

**ARTICLE VI REGISTERED AGENT**

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

**Charles A Hertel 58 Kent Dr, Winter Haven, Fl 33880**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**Charles A Hertel 58 Kent Dr, Winter Haven, Fl 33880**

\*\*\*\*\*  
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

*Charles A Hertel*

Signature/Registered Agent

6/20/2005

Date

*Charles A Hertel*

Signature/Incorporator

6/20/2005

Date