

P05000110941

(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



200058235782

08/09/05--01018--002 **70.00

FILED
05 AUG -9 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/10/05
BLK

TRANSMITTAL LETTER

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

SUBJECT: NETWORK CABLE SYSTEMS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: LEO M. NAU

Name (Printed or typed)

5117 McMANUS DR

Address

JACKSONVILLE, FL 32210

City, State & Zip

904-631-3579

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 AUG -9 PM 1:21

ARTICLE I NAME

The name of the corporation shall be:

NETWORK CABLE SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1118 EDGEWOOD AVE S.
JACKSONVILLE, FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSTALL CABLE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LEO M. NAU, 5117 McMANUS DR, JACKSONVILLE, FL 32210, President, 50% shareholder
CHARLES P. TAYLOR, 2504 AMBROSIA DR, MIDDLEBURG, FL 32068, Vice president, 50% shareholder

ARTICLE VI REGISTERED AGENT

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

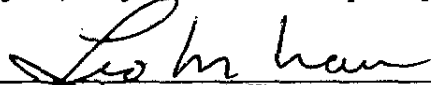
LEO M. NAU, 5117 McMANUS DR, JACKSONVILLE, FL 32210

ARTICLE VII INCORPORATOR

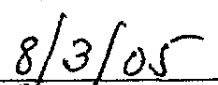
The name and address of the Incorporator is:

LEO M. NAU, 5117 McMANUS DR, JACKSONVILLE, FL 32210

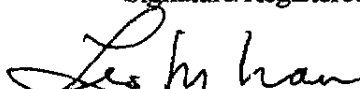
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



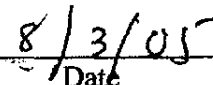
Signature/Registered Agent



Date



Signature/Incorporator



Date