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| (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: | | | | |
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COVER LETTER

SUBJECT: ACALTUS COMMUNICATIONS, CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

| - alassa di secondo | inal and an a (1) some affile suit | .1 | a about 6am | | | |
|-----------------------|--|-------------------------------------|--|----------------|--------------|-------|
| \$70.00 Filing Fee | ginal and one (1) copy of the articles \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | | |
| FROM: | Name | Printed or typed) | | 7 A , 1 | 05 NOV 10 | |
| | 16861 SW A M, AMI, FO | address | | HIJSER FIGURE | /10 PH 4: NI | FILED |
| | 786-9 | 742-1554 | Į. | | | |

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

Daytime Telephone number

| 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: | |
| ACACTUS COMMUNICATIONS | CORPORATION |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 16861 SW 194 STREET MITTON, FLORIDA 33187 ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| WHOLESALE OF CELLULAR | TELEPHONES |
| ARTICLE IV SHARES The number of shares of stock is: | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| | \circ |
| XIMENA DAUALOS, JA | TIRO RUEDA 861 SW 194 ST. |
| 16861 SW 194 ST. 16. | PG1 SW 194 ST. |
| 100 00 114 31 100 | 22,27 |
| M, most, FL. 33187 Mi | Am, FL. 33187 |
| PRESIDENT | ICE- PRESIDENT |
| ARTICLE VI REGISTERED AGENT | 100.0- |
| The name and Florida street address (P.O. Box NOT acceptable) of the | registered agent is: |
| KIMENA DAVALOS | ## <u>@</u> |
| 16861 SW 194 STREET | 243 SEE |
| 16467 300 777 6776 | |
| MIOMI, FL. 33187 | |
| ARTICLE VII INCORPORATOR | <u>ැට්ටු ල</u> 🖽 |
| The <u>name and address</u> of the Incorporator is: | 型 <u></u> |
| XIMENA DAVALOS 16861 SW 194 STREET MIMMI, FL. 33187 | |
| 16861 SW 194 STREET | |
| Minmi, FL. 33187 | |
| • | ******** |
| Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree | |
| - Universalor | 11-03-05 |
| Signature/Registered Agent | Date 11-03-05 |
| 1 Aucal- | 11-03-05 |
| Signature/Incorporator | Date |
| <i>II</i> | |