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(Requestor's Name)		
(Address)		
		
(Add	ress)	
(O:t-)	(Chaha (7) - (10)	- 40
(City/State/Zip/Phone #)		
PICK-UP	TIAW [MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

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

subject: Net Concierse In	(TE NAME – <u>MUST INCLUDE SUFFIX</u>)
(PROPOSED JORPORA)	TË NAMË – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Piling Fee, & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
	(Printed or typed) ## 8 2 6 Address
mani Peal	FL33139 State & Zip
317 514·4 Daytime To	elephone number

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

ARTICLES OF INCORPORATION	green to the green
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED SECRETARY OF STATE
ARTICLE I NAME	TALLAHA SOFF, OLDOUDA
The name of the corporation shall be:	05 DEC 12 PM 3: 40
Net concierge, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	-
1500 Bay Rd # 826, Mian	mi Beach, FL
ARTICLE III PURPOSE	331\$30
The purpose for which the corporation is organized is:	50143
to provide a business shuckure sor	concienze senices
ARTICLE IV SHARES	
The number of shares of stock is:	
1,000,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Bianka Krausch - President	
1500 Bankd # 826	
1500 Baykd # 826 Miami Beach, FL 33139	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the regis	tered agent is:
Bianka hrausch -	
1500 Bay ld #826 Miami Beach, FL 33139	
Miami Beach, FL 33139 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Bianka Krausch	
-	
1500 Bay ld #826 miami Begin FL 3339	*********
Having been named as registered agent to accept service of process for the above stated corcertificate, I am familiar with and accept the appointment as registered agent and agree to act	poration at the place designated in this
Signature/Registered Agent	Date Date
Digitation registered Agent	Date
Signature/Incorporator	
Signature/incorporator —	Date