

P06000111919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

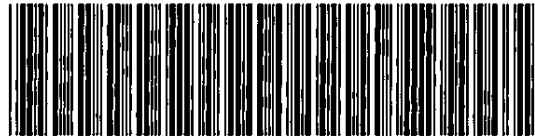
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500071762955

04/27/06--01014--014 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signatures

COVER LETTER

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

SUBJECT: Eduard David Cable Incorporated

(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: Eduard David

Name (Printed or typed)

3201 7th street west

Address

Lehigh Acres, Florida 33971

City, State & Zip

301-672-1718

Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2006

EDUARD DAVID
3201 7TH STREET WEST
LEHIGH ACRES, FL 33971

SUBJECT: EDUARD DAVID CABLE INCORPORATED
Ref. Number: W06000019881

We have received your document for EDUARD DAVID CABLE INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return 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) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 306A00029687



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2006

EDUARD DAVID
3201 7TH STREET WEST
LEHIGH ACRES, FL 33971

SUBJECT: EDUARD DAVID CABLE INCORPORATED
Ref. Number: W06000019881

We have received your document for EDUARD DAVID CABLE INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 006A00041382



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-4647584

Today's Date is: April 07, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)

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:

Eduard David Cable Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3201 7th street west
Lehigh Acres, FI 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

cable contracting

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):

Eduard David (president)
3201 7th street west
Lehigh Acres, FI 33971

ARTICLE VI REGISTERED AGENT

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


Eduard David
3201 7th street west
Lehigh Acres, FI 33971

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eduard David
3201 7th street west
Lehigh Acres, FI 33971

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



Signature/Incorporator

08/21/06

Date

05/03/06

Date

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TALLAHASSEE, FLORIDA

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CableNet Enterprises, Inc
991 South Bolmar Street, Suite G
West Chester, PA 19382
Fax 610-918-1592

Comprehensive General Liability Policy in your Company Name

A. Bodily Injury Limits of Liability no less than \$1,000,000.00 each occurrence, \$1,000,000.00 aggregate. Property Damage Limits of Liability \$1,000,000.00 each occurrence, \$1,000,000.00 aggregate.

*CableNet Enterprises, Inc. must be listed as **Additional Insured** with the following language:*

CABLENET SERVICES UNLIMITED, INC., CABLENET ENTERPRISES, IT'S AFFILIATES AND SUBSIDIARIES AND THEIR EMPLOYEES AND AGENTS ARE DESIGNATED AS ADDITIONAL INSURED.

Business Auto Liability Coverage

Contractors must carry and provide proof of Auto Liability Coverage at any and all times.

If the sub-contractor has any helpers or employees the contractor must provide evidence of Workers Compensation Insurance and Employers Liability Insurance. Unless the contractor shows all employees are officers of his/her incorporated company.

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TALLAHASSEE, FLORIDA