

POL 000145323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

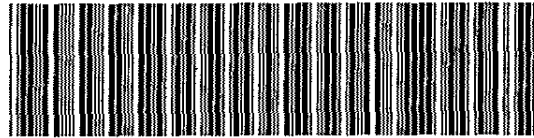
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Florida Cable Splicers 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: Lovis L Williams
Name (Printed or typed)

2891 Lloyd Ln
Address

Kissimmee Fl, 34744
City, State & Zip

407-908-0013
Daytime Telephone number

RECEIVED
TALLAHASSEE, FLORIDA
STATE

06 NOV 17 AM 11:57

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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)

ARTICLE I NAME

The name of the corporation shall be:
Florida Cable Splicers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
Osceola County 2891 Lloyd Ln Kissimmee Fl, 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:
25 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Lovis Williams 2891 Lloyd Ln Kissimmee Fl, 34744-President
Darlene Applebee 1439 Simmons Rd Kissimmee Fl, 34744-Vice President
Michelle McCray 2891 Lloyd Ln Kissimmee Fl, 34744-Secretury
Michelle McMray 2891 Lloyd Ln Kissimmee Fl,34744-Treasurer

ARTICLE VI REGISTERED AGENT


The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Michelle McMray 2891 Lloyd Ln Kissimmee Fl, 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Lovis Williams 2891 Lloyd Ln Kissimmee Fl, 34744

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OFFICE
TALLAHASSEE
FLORIDA

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

11/15/2006

Date



Signature/Incorporator

11/15/2006

Date