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(Requestor's Name)			
(Address)			
(Address)			
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(Chillian Chillian A)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Basilisas Ellary Hamo)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: Justin Brown Cable Communications Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

inal and one (1) copy of the a	rticles of incorporation and	d a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
ıstin Brown Nan	ne (Printed or typed)	
5459 bent grass drive	e #201	
	Address	
sarasota, FI 34235	y, State & Zip	
706-581-4218 Daytime	Telephone number	
	Filing Fee & Certificate of Status sstin Brown Nan 5459 bent grass drive sarasota, Fl 34235 Cit	Filing Fee & Certificate of Status ADDITIONAL CO Statin Brown Name (Printed or typed) 5459 bent grass drive #201 Address Sarasota, Fl 34235 City, State & Zip

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:

justin brown cable communications inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5459 bentgrass drive #201 sarasota, florida 34235

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

INITIAL OFFICERS AND/OR DIRECTORS

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

justin brown (president) 5459 bentgrass drive #201 sarasota, florida 34235

ARTICLE VI REGISTERED AGENT

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

justin brown 5459 bentgrass drive #201 sarasota, florida 34235

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

justin brown 5459 bentgrass drive #201 sarasota, florida 34235

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