Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000148683 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0381

Account Name :: A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone

: (800)494-3124

Fax Number

: (305)675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

Network Plus Solutions Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

6/4/2007 1:27 PM

Division of C

p.2

H07000148683 3

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:

NETWORK PLUS SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1043 N. BUMBY AVE ORLANDO, FL 32803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$1,00

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR & PRESIDENT:

SHAYNE PORTER 1043 N. BUMBY AVE ORLANDO, FL 32803



in 1872 55

15614559885

Е. я

HO7000486833

PAGE 2

NETWORK PLUS SOLUTIONS INC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SHAYNE PORTER 1043 N. BUMBY AVE ORLANDO, FL 32803

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

SHAYNE PORTER 1043 N. BUMBY AVE ORLANDO, FL 32803

Having been named as registered agent to accept service of process for the above 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.

SHAYNE PORTER / REGISTERED AGENT

DATE

SHAYNE PORTER / TINCORPORATOR

(0. 6. 0 7