# P07000/1893/

(Requestor's Name)				
(Address) .				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates 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: Tri-Co	ounty Telecommunicat	ion, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM: S	arah Blount		
_	Name	(Printed or typed)	
	12717 West Sunrise B	lvd. Suite 184	
·		Address	
	Sunrise, Fl. 33323		
	City,	State & Zip	
_	954-709-4985		
•	Daytime T	elenhone number	

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:

Tri-County Telecommunications, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12717 West Sunrise Blvd. Suite 184 Sunrise, Fl. 33323

# 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:

1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sarah Blount, President 12717 West Sunrise Blvd. Suite 184 Sunrise, Fl. 33323 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA