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TRANSMITTAL LETTER

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

SUBJECT: <u>E</u>	CEPTIONAL CO (Proposed corpor	MMVNICATIONS ate name - must include suff	ix)	
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a ch	neck for :	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	1260 SHER	HN LUECK inted or typed) SLOAN DY ddress State & Zip	SECRETARY CALLAHASSEE, FLOGGE	
	941 - 769 Daytime Te	- 22240 elephone number		

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME The name of the corporation shall be:	
EXCEPTIONAL COMMUNICATIONS, INC.	
The principal place of business and mailing address of this corporation shall be: 1260 SHERIDAN DR	
PORT CHARLOTTE, FLA 33948 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
100 SHARES	
The name and Florida street address of the initial registered agent are: TYLER JOHN LURCK	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:	્રસ્યુ
TYLER JOHN LUECK 1260 SHERIDAN DR	e e e e e e e e e e e e e e e e e e e
ADRICHARLOTTE FLA 33948 5	į
Signature/Incorporator Date	
(An additional article must be added if an effective date is requested.)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the

obligations of my position as registered agent

Signature/Registered Agent

Date