

P090000017717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700144156507

02/24/09--01025--001 **70.00

FILED

2009 FEB 24 P 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-58-2
2-25-09

COVER LETTER

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

SUBJECT: Best Path Networks 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: Tim Daily

Name (Printed or typed)

8242 Aquila Street

Address

Port Richey, FL 34668

City, State & Zip

727-841-9033

Daytime Telephone 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:

Best Path Networks Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

8242 Aquila Street
Port Richey, FL 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Services

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

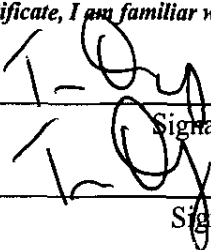
Tim Daily
8242 Aquila Street
Port Richey, FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tim Daily
8242 Aquila Street
Port Richey, FL 34668

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

02/18/2009

Date

02/18/2009

Date

FILED
2009 FEB 24 P 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA