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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

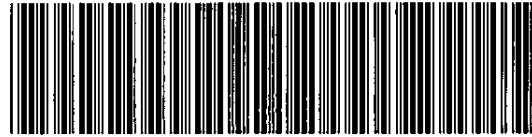
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/16/10--01026--009 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 23 PM 1:54

APPROVAL
AND
FILED

VH
100-38718

COVER LETTER

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

SUBJECT: TampaBayNetworkers, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Carl Lucchi

Name (Printed or typed)

9480 Tara Cay Ct.

Address

Seminole, Florida 33776

City, State & Zip

727.458.7683

Daytime Telephone number

info@TampaBayNetworkers.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2010

CARL LUCCHI
9480 TARA CAY CT
SEMINOLE, FL 33776

SUBJECT: TAMPABAYNETWORKERS, INC.
Ref. Number: W10000038718

We have received your document for TAMPABAYNETWORKERS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 710A00019737

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

TampaBayNetworkers, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

9480 Tara Cay Ct

Seminole, FL 33776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engage in any legal business activities permitted by law

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carl Lucchi 9480 Tara Cay Seminole Florida 33776
Ct

President
Director
Vice President
Treasurer
Secretary

ARTICLE VI REGISTERED AGENT

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

Carl Lucchi

9480 Tara Cay Ct

Seminole, Florida 33776

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Carl Lucchi

9480 Tara Cay Ct

Seminole, Florida 33776

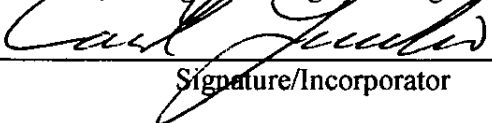
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

08/20/2010

Date



Signature/Incorporator

08/20/2010

Date