

P10000093931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

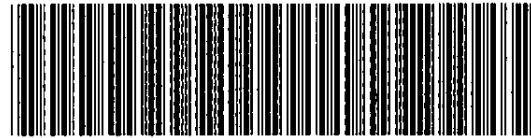
(Document Number)

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Certificates of Status \_\_\_\_\_

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2010 NOV 16 PM 2:06  
STATE ARCHIVE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 17 2010

## COVER LETTER

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

SUBJECT: Element PBX, 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: Robert Finch

Name (Printed or typed)

401 S. Florida Ave Suite 212

Address

Tampa, FL 33602

City, State & Zip

727-388-7888

Daytime Telephone number

rfinch@elementpbx.com

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

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

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TALLAHASSEE, FLORIDA

2010 NOV 16 PM 2:00

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

Element PBX, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
401 S. Florida Ave  
Suite 212  
Tampa, FL 33602

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Selling Internet Services, VoIP.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Robert Finch</u>	Name and Title: _____
Address: <u>401 S. Florida Ave. Suite 212</u>	Address: _____
<u>Tampa, FL 33602</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Robert Finch  
Address: 401 S. Florida Ave. Suite 212  
Tampa, FL 33602

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Finch  
Address: 401 S. Florida Ave. Suite 212  
Tampa, FL 33602

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

11/13/10  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

11/13/10  
Date

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TALLAHASSEE, FLORIDA