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| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phone | ÷#) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | ısiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: Pure Business Voice & | Data, Inc. |
|--|---|
| (PROPOSED CORPORA | TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status |
| | ADDITIONAL COPY REQUIRED |
| FROM: Kevin Power | (Printed or typed) |
| 7340 SW 48th Street, Su | ite 108 |
| Miami, FL 33155 | State & Zip |
| 305-593-9882 x202 Daytime Te | elephone number |
| kevin@telecommodities.c E-mail address: (to be used | COM I for future annual report notification) |

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)

| The name of the con | NAME Pure Business Vo | ice & Data, Inc. | |
|-------------------------|---|--|--|
| | • | | |
| ARTICLE II | PRINCIPAL OFFICE Principal street address | Mailing od | dunga if different in |
| 7 | 340 SW 48th Street | Maning add | dress, if different is: |
| 9 | uite 108 | | |
| M | liami, FL 33155 | | |
| ARTICLE III | PITPPOSE | | |
| | hich the corporation is organized is: | | |
| | nd sales of business telephone | systems. Voin applications. | Computer and Data |
| | cess control, CCTV systems, Vo | | |
| | of carrier services | | omig and bala and volo |
| procaroment | 51 6411.61 561 41665 | | |
| | | | |
| ARTICLE IV | SHARES | | |
| The number of shar | | | |
| ADMICI D II | THETAY ADDICADO AND AD DEL | acrons | |
| Name and Tit | INITIAL OFFICERS AND/OR DIRE | Name and Title: | |
| Address: | 7340 SW 48th Street | | |
| | Suite 108 | | |
| | Miami, FL 33155 | | - |
| Nome and Tit | ila. | Name and Title | |
| Address: | lle: | | وهو د شو |
| Address. | | | |
| | | | |
| | | | |
| | tle: | Name and Title: | |
| Address: | | Address: | <u> </u> |
| | | | 32 0 |
| | | | ြင့္လို့ ယူ |
| | REGISTERED AGENT | | 玉兰 三 |
| | ida street address (P.O. Box NOT accept | table) of the registered agent is: | A STATE OF THE STA |
| Name: | Kevin Power | | |
| Address: | 7340 SW 48th Street Suite | | |
| | Miami, FL 33155 | | |
| | <u>INCORPORATOR</u> | | |
| The <u>name and add</u> | ress of the Incorporator is: | | |
| Name: | Keyin Power | | |
| Address: | | vite 108 | · |
| | mam, 71 33155 | <u> </u> | |
| Having been name | d as registered agent to accept service of | f process for the above stated corpor | ation at the place designated in |
| this certificate, I am | familia, with and accept the appointmen | it as registered agent and agree to ac | t in this capacity |
| 1/ | | Ver / | 11/1/2/12 |
| | 000 | NW11/oner | |
| • | Required Signature/Registered Age | ent | Date / |
| I submit this docal | nept and affirm that the facts stated her | roin are true I am Avare that the G | also information submitted in a |
| documentao tke De | fartment of State obnstitutes a thind degre | ee felony as provided for in s.817.155 | . F.S. |
| | ~1/1 | , | , <u> </u> |
| | Kev, | n Joner | 11/15/10 |
| | Required Signature/Incorporato | or . | Date / |