

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

**Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION delphes network, inc.

Certificate of Status	0
Certified Copy	1
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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: DELPHES NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 900 BAY DRIVE, #825
MIAMI BEACH, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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): ROBERT A. WATTERS, JR 900 BAY DRIVE, #825

900 BAY DRIVE, #825 MIAMI BEACH, FL 33141

ARTICLE VI REGISTERED AGENT

The name and Florida street address of th registered agent is:

THIERRY WATTERS 900 BAY DRIVE, #825

MIAMI BEACH, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT A. WATTERS, JR 900 BAY DRIVE, #825

MIAMI BEACH, FL 33141

Having been named as registered agant to accept service of process for the above stated corporation at the place designated in this certificate, I am funtillar with and accept the appointment as registered agant and agree to not in

this capacity//

Signature/Incorporator

12/22/2010

22 Dec Zuk

Date

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