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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: | | | | |
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Office Use Only



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ANTE D AND STATES

COVER LETTER

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

| SUBJECT: Tele4ce Inc. | |
|---|--|
| (PROPOSED CORPORATE NAM | IE - <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the articles of in | ncorporation and a check for: |
| & Certificate of Status & C | .75 \$87.50 Ing Fee Filing Fee, Certified Copy Certified Copy & Certificate of Status DITIONAL COPY REQUIRED |
| * | |
| FROM: Joseph Norman Name (Printed | or typed) |
| 1530 NE 53rd St. Address | |
| Ft. Lauderdale, Florida 33 City, State & 2 | 334 Zip |
| 954-534-6907 Daytime Telephone | number |
| E-mail address: (to be used for fuer | re annual report notification) |
| NOTE: Please provide the original a | and one copy of the articles. |

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

| ARTICLE I No. | Tele4ce Inc. | | |
|---------------------------|--|---------------------|---|
| ARTICLE II PI | RINCIPAL OFFICE | | |
| | Principal street address |] | Mailing address, if different is: |
| | 0 NE 53rd St. | | |
| Et. I | auderdale, Fla. 33334 | | |
| | | | |
| ARTICLE III PU | | | |
| | h the corporation is organized is: | | |
| Any lawful busii | iess purpose. | | |
| ARTICLE IV SI | HARES | ė. | |
| The number of shares | | | |
| ADTICLE W IN | IITIAL OFFICERS AND/OR DIRECTORS | 8 | |
| | Devin Rockhead-President | | :Joseph Norman-Secty/Treasurer |
| | 1530 NE 53rd St. | Address: | 1530 NE 53rd St. |
| | Ft. Lauderdale, Florida 33334 | | Ft. Lauderdale, Florida 33334 |
| | T | - | |
| Name and Title: | | Name and Title | : |
| Address: | | Address: | |
| | | - | |
| | | • | <u> </u> |
| Name and Title: | | Name and Title | : |
| Address: | | Address: | |
| | | • | |
| | | - | |
| | EGISTERED AGENT | | |
| | a street address (P.O. Box NOT acceptable) of | ihe registered ager | nt is: |
| Name: Address: | Devin Rockhead | | <u>tb</u> |
| Address: | 1530 NE 53rd St. Ft. Lauderdale, Florida 33334 | | |
| | FI Laudeldale, Florida 33334 | • | |
| ARTICLE VII IN | <u>ICORPORATOR</u> | | i Sr. |
| | ss of the Incorporator is: | | |
| Name: | Devin Rockhead | | |
| Address: | 1530 NE 53rd St. Ft. Lauderdale, Florida 33334 | - | |
| | T. Lauderdale, Florida 00007 | - | |
| | as registered agent to accept service of process | | |
| this certificate, I am fa | amtliar with and accept the appointment as regi. | stered agent and a | igree to act in this capacity |
| | $M_0 X$ | | 2/17/2011 |
| | Required Signature/Registered Agent | | Date |
| | | | |
| I submit this docume | nt and affirm that the facts stated herein are | true. I am aware | that the false information submitted in a |
| aocument to the Depa | rtmen t of \$ tate constitutes a f hird decree felony | _ | 1 S.81 /.100, F.S. |
| (1) | | 7 | 2/17/2011 |
| <u> </u> | Required Signature/Incorporator | · | 2/17/2011 Date |