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COVER LETTER

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

SUBJECT: EASYHOST, INC	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles 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: Phat T Tran	e (Printed or typed)
13355 Belcher Road S.	
Largo, Florida, 33773 City	, State & Zip
727-599-7262	Telephone number
phattran911@gmail.com	d 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)



ARTICLE I	MAME	
	NAME EASYHOST, INC.	11 JUN -2 PM 2: 15
	PRINCIPAL OFFICE	2 M 2: 15
ARTICLE II	Principal street address	Mailing a SECRIFF different in
•	13355 Belcher Road S, Unit S	TALLAHASCCC TATE
	argo, Florida 33773	Mailing and Selith different is: TATE ALLAHASSEE FLORIDA
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
web hosting	provider, internet service provider	
ARTICLE IV		
The number of sha	res of stock is: 1,000	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO)RS
Name and T		Name and Title:
Address:	13355 Belcher Road S, Unit S	Address:
	Largo, Florida 33773	
Name and T	itle:	Name and Title:
Address:	nie.	Address:
Nr. Lm	*.1	N. 1799.3
Name and 1 Address:		Name and Title:
Address.		Address:
	REGISTERED AGENT	field the desired
ne <u>name and Fio</u> Name:	orida street address (P.O. Box NOT acceptable) Phat T Tran	of the registered agent is:
Address:	13355 Belcher Road S, Unit S	
7144.055.	Largo, Florida 33773	
		
ARTICLE VII		
ne <u>name and add</u> Name:	dress of the Incorporator is:	
Address:	Phat T Tran 13355 Belcher Road S. Unit S	_
ridgi 033.	Largo, Florida 33773	
Having been name his cartificata. Las	ea as registerea agent to accept service of proc m familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
nis cerujicure, r ur	A	
	Marnan	1/1/2.11
	Required Signature/Registered Agent	6/1/2011 Date
submit this docu	ment and affirm that the facts stated herein a	re true. I am aware that the false information submitted in a
locument to the D	epartment of State constitutes a third degree fel	ony as provided for in s.817.155, F.S.
	als. Mass	71 1 1
	Required Signature/Incorporator	6/1/2011
	Kequired Signature/Incorporator	Date