

P11000059472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

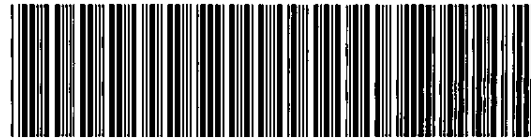
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/23/11--01018--006 \*\*78.75

FILED  
11 JUN 27 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 06/28/11

W11-28788



RECEIVED

11 JUN 27 PM 2:23

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2011

DAVID CHIRICO  
616 INLET ROAD  
NORTH PALM BEACH, FL 33408

SUBJECT: WHI, INC.  
Ref. Number: W11000028788

We have received your document for WHI, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P10000011606 (W H I, INC.).

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 111A00012925

## COVER LETTER

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

SUBJECT: WHI, 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: David Chirico

Name (Printed or typed)

616 Inlet Road

Address

North Palm Beach, FL 33408

City, State & Zip

561-863-7188

Daytime Telephone number

David@davidchirico.com

E-mail address: (to be used 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 NAME**

The name of the corporation shall be: Mybestnetworks, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
616 Inlet Road  
North Palm Beach, FL 33408

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Computer Website/Software

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: David Chirico, President  
Address: 616 Inlet Road  
North Palm Beach, FL 33408

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Adam Denton, Director  
Address: 616 Inlet Road  
North Palm Beach, FL 33408

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: David Chirico  
Address: 616 Inlet Road  
North Palm Beach, FL 33408

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Adam Denton  
Address: 616 Inlet Road  
North Palm Beach, FL 33408

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

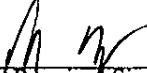


Required Signature/Registered Agent

6/22/11

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

6/22/11

Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA