P11000062749

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(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

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

SUBJECT: Plus net 1	nc
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
EROM Bernard D	esogone.

ROM: Bernard Desgagne Name (Printed or type II)
24 west traci terrace
Hallandale florida 33009
954-744-6154 Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

IT APK 25 AM 8: 20

11 APR 25 AM 8: 20



April 26, 2011

BERNARD DESGAGNE 24 WEST TRACI TERRACE HALLANDALE, FL 33009

SUBJECT: PLUS NET INC Ref. Number: W11000023307

We have received your document for PLUS NET INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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



ARTICLE I The name of the corp	NAME poration shall be: Plus 'net I	nc	17 JUL 11 PH 4:42	
ARTICLE II I	PRINCIPAL OFFICE Principal street address		Mailing address, if differing A JASSEE, FLORIDA	
3	Yurst trace terr talknocle fi 33009		LONDA	
	URPOSE ch the corporation is organized is:			
Cleani	ng and painting			
RENO	ng and painting VATION			
ARTICLE IV S The number of shares	SHARES 1000 shaves to Bender sofstock is:	uard Desge	igne.	
	NITIAL OFFICERS AND/OR DIRECTOR	<u>S</u>	BERNARD DESGAGN	
Name and Title Address:	e:Bornard Desgagné au west traciférrace	Name and Title Address:	24 Mest TRIEY TER	
	Hallandele. 33009 Directors	-	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name and Title		Name and Title	CHANTALIE DESGACI	
Address:		Address:		
			24 West time TER	
Name and Title	e:	Name and Title	HALLAN WALE 33 OOF	
Address:		Address:		
		•		
	REGISTERED AGENT			
The <u>name and Florion</u> Name:	da street address (P.O. Box NOT acceptable) of Beroard Desgagne	the registered age	ent is:	
Address:	24 W traci From	F		
	NCORPORATOR	7.		
The name and addre	ess of the Incorporator is:			
Name: Address:	Bernard Desagané			
	Hallandale 33009 FT	•		
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				
inis cernicule, r am	Jamular wan and accept the appointment as regi.	siereu ugeni unu	agree to act in this capacity	
8 f Zem n	Required Signature Registered Agent		$\frac{O9-\alpha O-201}{Date}$	
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.				
aocument to the Dep	artment of State constitutes a third degree felony	as provided for i	11 s.61/.133, r.3.	
8 Bens	Required Signature/Incorporator		$\frac{O4-dO}{Date}$	
•				