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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

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

SUBJECT:	AMERICOM CABL (PROPOSED CORPORA	E SERVICES INCOI ATE NAME – <u>MUST INC</u>	RPORATED LUDE SUFFIX)		
Enclosed are an or \$70.00 Filing Fee	iginal and one (1) copy of the art 78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee,		
FROM: _		E SERVICES INCOR	RPORATED	_	
	DUNEDIN, FL 3	Address 4697 , State & Zip		2011 AUG 18	SECRETARY DIVISION OF CO
_	Daytime	Telephone number		PH 2: 14	OF SIAIL

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



July 6, 2011

AMERICOM CABLE SERVICES INCORPORATED POST OFFICE BOX 147 DUNEDIN, FL 34697

SUBJECT: AMERICOM CABLE SERVICES INCORPORATED

Ref. Number: W11000035888

We have received your document for AMERICOM CABLE SERVICES INCORPORATED 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.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 411A00016136

SECRETARY OF SHALL SECRETARY OF SHALL SHALL SECRETARY OF SCREPCHATICAL SECRETARY OF SHALL SHALL

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

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	rese of the Incorporator is:				
Name:	SPYRO PITSOULAKI				
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	NEW PORT RICHEY	<del></del>			
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is certificate, I am	familiar with and accept the appointment as t	egistered agent 4	nd agree to act in this capacity		
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	Required Signature/Registered Agent		06_29 Da	te	
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