## PIIODOD 18420

| (Re                                     | questor's Name)   |           |  |  |  |
|---|-------------------|-----------|--|--|--|
| (Address)                               |                   |           |  |  |  |
| (Ad                                     | dress)            |           |  |  |  |
| (City/State/Zip/Phone #)                |                   |           |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |  |
| (Bu                                     | siness Entity Nam | ne)       |  |  |  |
| (Document Number)                       |                   |           |  |  |  |
| Certified Copies                        | Certificates      | of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |  |
|   |                   |           |  |  |  |
|   |                   |           |  |  |  |
|   |                   |           |  |  |  |

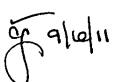
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2011 SEP -- 2 PM 3: 45

Office Use Only

505 -W11000044343



## **COVER LETTER**

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

| SUBJECT: BE INTOUCH WIRELE                             | SS 2   |  |             |
|--|--|--|-------------|
| (PROPOSED CORPORA                                      | TE NAME – <u>MUST INCL</u>                         | UDE SUFFIX)  |             |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and                          | l a check for:   | 7           |
| \$70.00 Filing Fee & Certificate of Status             | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |             |
| FROм: Michael L. Merriman<br>Name                      | (Printed or typed)                                 |  |             |
| 125 Swan Parkway East                                  | Address  | ,  |             |
| Royal Palm Beach, FL 3                                 | 3 <b>3411</b><br>State & Zip                       |  | Tea ()      |
| 713-585-6547   |  |  | 18. Hg      |
| ·  | elephone number                                    | · ·· <del>·</del>  | 2011 SEP -2 |
| mike653.mm@gmail.com<br>E-mail address: (to be used    | for future annual report i                         | notification)  | PN 3:45     |

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

1.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 SEP -2 AM IO: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 25, 2011

MICHAEL L. MERRIMAN 125 SWAN PARKWAY EAST ROYAL PALM BEACH, FL 33411

SUBJECT: BE INTOUCH WIRELESS 2

Ref. Number: W11000044343

We have received your document for BE INTOUCH WIRELESS 2 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 311A00019948

2011 SEP -2 PM 3: 4:

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

| ARTICLE I. NAME BE INTOUCH WIRELESS 2 / NO       |   | SS 2 / <b>/C</b> .                   |  | SIVISICH O. C. PO                  |              |
|--|---|--------------------------------------|--|------------------------------------|--------------|
| ARTICLE II P                                     | RINCIPAL OFFICE Principal street address 7 10th Ave North m Springs, FL 33461                                       |                                      | Mailing address                          | 2011 SEP -2<br>i, if different is: |              |
|  | RPOSE  th the corporation is organized is:  ONE SALES AND CELLULAR AC   | CESSORIES                            |  |                                    |              |
| ARTICLE IV SI                                    |   | o a                                  |  |                                    |              |
| Name and Title<br>Address:                       | Michael L. Merriman<br>125 Swan Parkway East<br>Royal Palm Beach, FL 33411  | Name and Tit Address:                |  |                                    |              |
| Name and Title:<br>Address:                      |   |                                      | •  |                                    |              |
| Name and Title:<br>Address:                      |   | Name and Tit Address:                | <del> </del>                             |                                    |              |
|  | A Street address (P.O. Box NOT acceptable) of Michael L. Merriman  125 Swan Parkway East Royal Palm Beach, FL 33411 | -                                    | ent is:                                  |                                    |              |
|  | CORPORATOR s of the Incorporator is:  Jose M. Lajara  5068 Nautica Lake Circle Greenacres, FL 33461                 | -                                    |  |                                    |              |
| Having been named a<br>this certificate, I am fa | registered agent to accept service of process miliar with and accept the appointment as regi                        | for the above s<br>istered agent and | tated corporation<br>agree to act in the | at the place desi<br>his capacity  | gnated in    |
| mihad  | Required Signature/Registered Agent   |                                      | _  | 8/20/2011<br>Date                  | <del>-</del> |
| I submit this document document to the Depart    | nt and affirm that the facts stated herein are<br>timent of State constitutes a third degree felony                 | true. I am awai<br>as provided for   | e that the false i<br>in s.817.155, F.S  | nformation subm                    | itted in a   |
|  | Required Signature/Incorporator   |                                      |  | 8/20/11<br>Date                    | ·            |