

P 11000082467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

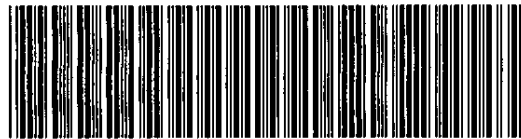
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/11--01009--010 **70.00

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SEP 19 AM 10:29
TALLAHASSEE, FL 32304

FILED

J. Shivers SEP 20 2011

COVER LETTER

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

SUBJECT: Wavelink Enterprises .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: Nestor G. Gonzalez

Name (Printed or typed)

P.O. Box 771694

Address

Orlando, Florida 32877

City, State & Zip

407-435-4326

Daytime Telephone number

wavelink9@yahoo.com

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

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

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2001 SEP 19 AM 10:29
TALLAHASSEE, FL 32314
DEPARTMENT OF STATE

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: Wavelink Enterprises .INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
13816 Greenebridge Ct
Orlando, Florida 32824

Mailing address, if different is:

P.O. Box 771694
Orlando, Florida 32877

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Information Technology-Network installation-infrastructure-Consulting.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Nestor G. Gonzalez/Director</u>	Name and Title: _____
Address: <u>P.O. Box 771694</u>	Address: _____
<u>Orlando, Florida 32877</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

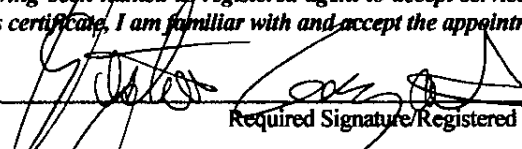
Name: Nestor G. Gonzalez
Address: 13816 Greenebridge Ct
Orlando, Florida 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nestor G. Gonzalez
Address: 13816 Greenebridge Ct
Orlando, Florida 32824

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

9-16-11
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

9-16-11
Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA