## P1200020030

(Re	questor's Name)	
(Ad	dress)	
(no	ui <i>ess)</i>	,
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
·	•	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
	·-	

Office Use Only



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SECRETARY OF STAIL DIVISION OF CORPORATIONS

752/28/12

## **COVER LETTER**

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

SUBJECT: Sbcomsoft Corporation	1
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti-	cles 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
FROM: <u>Paul J. Gontarz</u> Name	(Printed or typed)
128 Wilderness Cay	Address
Naples, FL 34114	State & Zip
(239) 393-2620 Daytime T	elephone number
manateecay@hotmail.co E-mail address: (to be used	m I 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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I	NAME	Sbcomsoft Corporation	DIVISION OF COR	URATIONS
The name of the	corporation sha	ill be:	12 FEB 28 AF	111.05
ARTICLE II		LL OFFICE	- LD CO MI	111.02
		pal <u>street</u> address	Mailing address, if different is:	
		ness Cay	The state of the s	<del></del>
	Naples, FL	34114		
ARTICLE III	PURPOSE			
		poration is organized is:		
		d Related Services		
ARTICLE IV	SHADIFS			
The number of sl		:15,000		
		•		
		OFFICERS AND/OR DIRECTOR		
Name and Address:	Titte:Paul J.	Gontarz, President	Name and Title:	<del></del>
Address:		Iderness Cay FL 34114		
		i, FL 34114		
Name and			Name and Title:	
Address:	128 Wi	Iderness Cay	Address:	<del></del>
	Naples	FL 34114		
Name and	Title:		Name and Title:	
Address:	<del></del>		Address:	
ARTICLE VI				
	lorida street a	ddress (P.O. Box NOT acceptable) of	the registered agent is:	
Name: Address:	Paul	J. Gontarz	-	
Audress.	Naple	Vilderness Cay es. Fl. 34114	-	
4 DAYA	•	,	-	
<b>ARTICLE VII</b> The <u>name and a</u>				
Name:		L Gontarz		
Address:		filderness Cav	-	
		es, FL 34114	•	
			for the above stated corporation at the place desi	gnated in
his certificate, I	am familiar wi	th and accept the appointment as regi	stered agent and agree to act in this capacity	
Youl	-1.0	ired Signature/Registered Agent	02/25/2	012
	Requ	uired Signature/Registered Agent	Date	
		firm that the facts stated herein are State constitutes a third degree felony	true, I am aware that the false information subm as provided for in s.817.155. F.S.	itted in a
?	n I	11 +-		) _
× and	1.	# tow lost	<u> </u>	<u>2012</u>
	ri Ke	quired Signature/1990rporator	Date	