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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

T. Burch MAY 1 2012

## COVER LETTER

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

SUBJECT: **F2NS Global Group, Incorporated**

(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: **Dr. Alan Ferneau**

Name (Printed or typed)

**11022 Greenaire Drive**

Address

**Tampa, FL 33624-4881**

City, State & Zip

**(703) 401-1278**

Daytime Telephone number

**aferneau@f2ns.com**

E-mail address: (to be used 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)

### **ARTICLE I NAME**

The name of the corporation shall be: **F2NS Global Group, Incorporated**

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**11022 Greenaire Drive**  
**Tampa, FL 33624-4881**

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

### **ARTICLE IV SHARES**

The number of shares of stock is: One hundred (100) shares.

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Dr. Alan Ferneau, Director**  
Address: **11022 Greenaire Drive**  
**Tampa, FL 33624-4881**

Name and Title: **Carolyn A. Ferneau, Director**  
Address: **11022 Greenaire Drive**  
**Tampa, FL 33624-4881**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

### **ARTICLE VI REGISTERED AGENT**

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

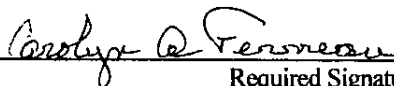
Name: **Carolyn A. Ferneau**  
Address: **11022 Greenaire Drive**  
**Tampa, FL 33624-4881**

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Dr. Alan Ferneau**  
Address: **11022 Greenaire Drive**  
**Tampa, FL 33624-4881**

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

**4-26-2012**

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

**April 26, 2012**

Date