

P12000050780

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05/21/12 01052-015 **78.75

FILED
12 JUN -1 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-28363

R 06/04/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

5/22/12
changes
made as per
Request d.
Page # 2

May 22, 2012

ARMANDO T. ACOSTA
1050 HILLSBORO MILE #308W
HILLSBORO BEACH, FL 33062

SUBJECT: NETWORK CORPORATION
Ref. Number: W12000028363

RECEIVED
12 JUN -1 AM 11:58
DIVISION OF CORPORATIONS

We have received your document for NETWORK CORPORATION 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.

The document number of the name conflict is L05000073029 (THE NETWORK, LLC).

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 512A00014999

COVER LETTER

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

SUBJECT: NETWORK CORP.

(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: Armando t. Acosta

Name (Printed or typed)

1050 hillsboro mile #308

Address

Hillsboro beach , Florida 33062

City, State & Zip

754-367-1951

Daytime Telephone number

nomejodes@bellsouth.net

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:

~~Network Corporation~~

(X) "DEVELOP CT CORP."

ARTICLE II PRINCIPAL OFFICE

Principal street address
1050 hillsboro mile #308w
Hillsboro beach
Florida, 33062

Mailing address, if different is:

PO BOX#174
Boca Raton FLORIDA
33429-0174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
marketing and sales

"DEVELOP CT CORP."

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Armando t. Acosta /President
Address: 1050 hillsboro mile #308w
Hillsboro beach, Florida 33062

Name and Title: ARMANDO T. ACOSTA (P.W.)
Address: 1050 HILLSBORO M
308 W
HILLSBORO BEACH
FLA 33062

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: Armando T. Acosta
Address: 1050 hillsboro mile #308w
Hillsboro beach, Florida 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Armando T. Acosta
Address: 1050 hillsboro mile #308w
Hillsboro beach, Florida 33062

12 JUN - 1 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Date

5/29/2012

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

05/17/2012

Date