

P12000058898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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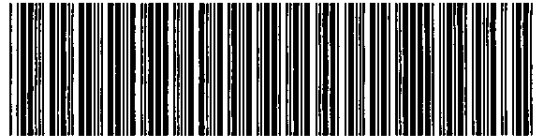
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
7/3/12

COVER LETTER

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

SUBJECT: SPECTRUM COMMUNICATION SERVICES, ^{CORP} ~~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: MICHAEL THOMPSON
Name (Printed or typed)
5200 VIDE LAND RD Suite 250
Address
ORLANDO FL 32811
City, State & Zip
407 529 3300
Daytime Telephone number
Mthompson@DBEC.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: SPECTRUM COMMUNICATION SERVICES, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5200 VINELAND RD Suite 250
ORLANDO FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE MAINTENANCE COMMUNICATION SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100% (10,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President

Name and Title: MICHAEL THOMPSON - (P) Name and Title: _____
Address: 5200 VINELAND RD Suite 250 Address: _____
ORLANDO FL 32811

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: MICHAEL THOMPSON
Address: 5200 VINELAND RD Suite 250
ORLANDO FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL THOMPSON
Address: 5200 VINELAND RD Suite 250
ORLANDO FL 32811

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

[Signature]
Required Signature/Registered Agent

6/27/12
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.

[Signature]
Required Signature/Incorporator

6/27/12
Date

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