## P12000090298

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





300241064673

10/25/12--01022--004 \*\*78.75



MRD /12

## **COVER LETTER**

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

SUBJECT: Satellite Plus of Florida, Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status		
	ADDITIONAL COPY REQUIRED		
FROM: Aracelys Santana Name	(Printed or typed)		
	ddress		
Orlando, FL. 32837	State & Zip		
407-948-9887	elephone number		
Safe//1/en/05 E-mail address: No be used	for future annual report notification)		

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

FILED

12 OCT 25 AMII: 35

SECRETARY OF STATE TALLAHASSLE, FLORIDA

October 18, 2012

Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Re: Satellite Plus of Florida, Inc.

I am authorizing the enclosed articles of incorporation to be filed due to the fact that I have no intentions on reinstating and I am releasing the name of "Satellite Plus of Florida, Inc with document # (P10000088800.......", to be filed as a new corporation.

Cordially,

Aracelys/Santana - President

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	NAME POTATION Shall be: Satellite F	Plus of Flori	da, Inc.
1:	PRINCIPAL OFFICE Principal street address 3719 Ridge Top Rd rlando, FL. 32837	•	g address, if different is:
	purpose nich the corporation is organized is:	l use.	ROCT 25 MILL S
ARTICLE IV The number of share	SHARES es of stock is 10		To library
ARTICLE V Name and Tit Address:	INITIAL OFFICERS AND/OR DIRECTION OF INTERCTION OF INTERCT	TORS Name and Title: Address:	<b>y</b>
Name and Tit Address:	le:	Address:	
Name and Tit Address:	le:	Name and Title: Address:	
	REGISTERED AGENT ida street address (P.O. Box NOT acceptate Aracelys Santana 13719 Ridge Top Rd Orlando, FL. 32837		
	INCORPORATOR ress of the Incorporator is: Aracelys Santana 13719 Ridge Top Rd Orlando, FL 32837		
	d as registered agent to accept service of particles of particles and accept the appointment of the control of		act in this capacity
X	Required Signature/Registered Agent		10/22/2012
submit this document to the De	nent and affirm that the facts stated herein partment of State constitutes a third degree	n are true. I am aware that th	he false information submitted in a
/\ —	Required Signature/Incorporator		' Dâte