

P13000019217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

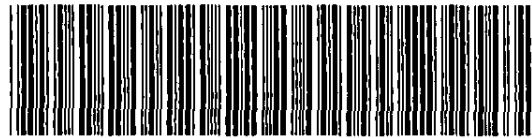
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800245033958

FILED
13 FEB 25 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

02/25/13--01034--009 **78.75

2/27

8

COVER LETTER

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

SUBJECT: Triton Datacom Online, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: David Slachter

Name (Printed or typed)

1901 W. Cypress Creek Road, 3rd Floor

Address

Fort Lauderdale, Florida 33309

City, State & Zip

954-453-5223

Daytime Telephone number

damon@tritondatacomonline.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: Triton Datacom Online, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20221 N.E. 16th Place

Miami, Florida 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to conduct any business authorized by the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ross Himber, Pres.

Name and Title: _____

Address 20221 N.E. 16th Place

Address: _____

Miami, Florida 33179

Name and Title: Damon Slachter, VP

Name and Title: _____

Address 20221 N.E. 16th Place

Address: _____

Miami, Florida 33179

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
13 FEB 25 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: David Slachter
Address: 1901 W. Cypress Creek Road, 3rd Floor
Fort Lauderdale, Florida 33309

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: David Slachter
Address: 1901 W. Cypress Creek Road, 3rd Floor
Fort Lauderdale, Florida 33309

FILED
13 FEB 25 AM 8:08
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

2/22/13

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

2/22/13

Date