

From:

05/28/2013 1:47

#410 P.001/003

Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CLOUD 9 BUSINESS SOLUTIONS, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

[Signature] 05/29/13

RECEIVED
13 MAY 28 PM 4: 26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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13 MAY 28 PM 1: 03
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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From:

05/28/2013 11:48

#410 P.002/003

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: CLOUD 9 BUSINESS SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

816 EXECUTIVE DR

OVIEDO, FL 32765

Mailing address, if different is:

816 EXECUTIVE DR

OVIEDO, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide phone system services
either cloud or premise based solutions.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBIN NEILEN/DIRECTOR

Address: 816 EXECUTIVE DR.

OVIEDO FL, 32765

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

13 MAY 28 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

05/28/2013 11:48

#410 P.003/003

(cont.)

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: Robin Neilen
Address: 816 Executive Dr.
Oviedo FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robin Neilen
Address: 816 Executive Dr.
Oviedo FL 32765

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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

X [Signature]
Required Signature/Registered Agent

5 21 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.

X [Signature]
Required Signature/Incorporator

5 21 13
Date