

(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

## FILING CANCELLED RETURNED CHECK



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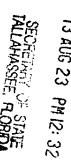
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# FILING CANCELLED RETURNED CHECK

SUFFICIENCY OF FILING

2018 AUS 23 PH C O

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### **COVER LETTER**

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

SUBJECT:	RedLine Communication Inc				
50 <b>5</b> 02011	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d 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 REQUIRE				
FROM:		e Germain			
	4320 Deerwood Lake Parkway Suite 101-510				
**************************************	Address				
	Jacksonville	Florida 3221	16		
_==	City, State & Zip				
	1-855-843-2935				
	Daytime Telephone number				
	Germain@rdl.com				
<del></del>	E-mail address: (to be used for future annual report notification)				

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

FILING CANCELLED ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
RETURNED CHECK

TICLE II PRINCIPAL OFFICE Principal street address				Mailing address, i	f different is:	
4320 Deerw	vood Lake Parkway Suite					
J	acksonville Florida 32216					
TICLE III purpose for	<b>PURPOSE</b> which the corporation is or wireless Broadband and te	ganized is: Redlin	e Communicatio	on is a leading	manufact	er and
					SECR TALLA	13 AUG
					25	N
TICLE IV number of sh TICLE V	SHARES 150,0 nares of stock is:		<u>rors</u>	·	SSEE, FLORIDA	23 PM 12: 32
number of sh	nares of stock is: 100,0	AND/OR DIRECT	<del></del>	e:	SEE. A.OHDA	PM 12: 32
number of sh	INITIAL OFFICERS	AND/OR DIRECT	Name and Title	e:	SSEE. PLORIDA	PM 12: 32
number of sh  TICLE V  Name a  Address	INITIAL OFFICERS and Title:	AND/OR DIRECT	Name and Title Address:  Name and Title			PM 12: 32
number of sh  TICLE V  Name a  Address	INITIAL OFFICERS and Title:	AND/OR DIRECT	Name and Title Address:  Name and Title			PM 12: 32
TICLE V  Name a  Address  Name an	INITIAL OFFICERS and Title:	AND/OR DIRECT	Name and Title Address:  Name and Title Address:  Address:	e:		PM 12: 32

# FILING CANCELLED (CONTIL) RETURNED CHECK

Name an	d Title:	Name and Title:	
Address		Address:	<del></del>
			<del></del>
'		•	
ARTICLE VI	REGISTERED AGENT		
The name and FI	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Natlie Germain		
Address:	4320 Deerwood Lake Parkway Suite 101-510	SECENTIALLA	2
	Jacksonville Florida 32216	ECRETANASSI	
ARTICLE VII	INCORPORATOR	PH 12: 32	90)
The name and ad	Idress of the Incorporator is:	<b>공</b> 취 32	
Name:	Natlie Germain	_	
Address:	4320 Deerwood Lake Parkway	·	
	Jacksonville Florida 32216	<del>_</del>	
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation at the place designat gistered agent and agree to act in this capacity	ed in
Nash	u Germain	8-23-2013	}
Nashu Grmen Required Signature/Registered Agent		Date	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree feloi	true. I am aware that the false information submitted ny as provided for in s.817.155, F.S.	in a
Nada	he lomen	8-23-2013	
<del></del>	Required Signature/Incorporator	Date	