

P13000093068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

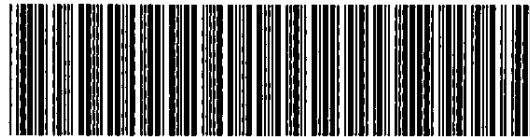
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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11/15/13

COVER LETTER

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

SUBJECT: Bolt Telecommunications 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: Bolt Telecommunications INC.
Name (Printed or typed)

2582 Maguire Road

Address

Ocoee, Florida

City, State & Zip

1-218-666-8023

Daytime Telephone number

accounts@bolttelecoms.com

E-mail address: (to be used for future annual report notification)

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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:

Bolt Telecommunications Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

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Mailing address, if different is:

2582 Maure Road

Ocoee, Florida

34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To deliver services which range from telecommunications to enterprise level software solutions. Development support and Marketing digital products to businesses

ARTICLE IV SHARES

The number of shares of stock is:

100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ramone Richards, President and Chief Executive Officer

Address: 2784 Carbernet Circle
Ocoee, Florida
34761

Name and Title: Sandra Stephenson Chief Financial Officer

Address: 2784 Carbernet Circle
Ocoee, Florida
34761

Name and Title: Paul Brown, Chief Operating Officer

Address: 2784 Carbernet Circle
Ocoee, Florida
34761

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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:

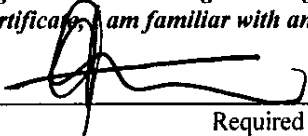
Name: ARIRA BALIANI
Address: 8545 Lake Nona Shore Drive
Orlando, Florida, 32827

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ramone Richards
Address: 2784 Carbernet Circle
Ocoee, Florida, 34761

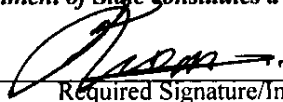
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/08/2013
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

11/08/2013
Date

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