Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION **NET-TEL PHONES, INC.**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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: NET-TEL | - Phones Inc. |
|--|---|
| ARTICLE II PRINCIPAL OFFICE Principal street address 200 SE 1 ST. STREET. "SE 400 Miami FL 33131 | Mailing address, if different is: 2901 S. BAYShore DR Onit 10-H Miami FL 33133 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: A A A A A A A A A A A A A | ny AND ALL LAWful |
| ARTICLE IV SHARES / OO | 14 FEB 21 SECRETARY TALLAHASSI |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR AND TOTAL OF TO | Name and Title: |
| Address 200 SE 1 ST. STre STE 400 Miami FL 331. | 27. Address: |
| | Name and Title:Address: |
| | |
| | Name and Title: Address: |
| • | |

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(conti.)

| Name and Title: | Name and Title: |
|--|--|
| Address | Address: |
| \$ | |
| ARTICLE VI REGISTERED AGENT | |
| The <u>name and Florida street address</u> (P.O. Box NO | COLZ |
| Address: 200 SE 1 ST. | STREET: STE 400 33/31 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | , - |
| Name: DARIO 10 | <u>rres</u> |
| Address: 200 SE 1 Miami 1 | 5T. STREET, STE 400 |
| Having peen named as registered agent to Accept s this certificate, Lam familiar with and accept the at | tervice of process for the above stated corporation at the place designated in oppointment as registered agent and agree to act in this capacity A $2-2(-20)$ |
| Required Signature/Regin | stered Agent Date |
| | stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S. |
| V. Pans Tome | COZ - 21-14 Corporator Date ASS TOTAL |
| Required Signature/Inc | A Sorporator |
| • | CREIANSS AHASS |
| | FEB 21 PH 12: 34 CRETARY OF STATE LAHASSEE FLORID |
| | TA CONTROL OF THE CON |