

PA00002602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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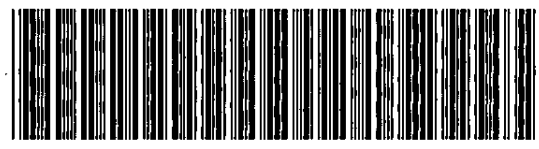
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: CRITICAL NETWORK SOLUTIONS, 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:

Jessilyn PALMER

Name (Printed or typed)

5 BLUEBIL AVE SUITE 304

Address

NAPLES FL 34108

City, State & Zip

619 916 1662

Daytime Telephone number

Jessie.P@CRITICALNETWORKSOLUTIONS.NET

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: CRITICAL NETWORK SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5310 BIII AVE.
VANDERBILT #3 SUITE 304
NAPLES, FL 34108

Mailing address, if different is:

CRITICAL NETWORK SOLUTIONS
102 MIDDLE ST
MANCHESTER, NH

03101

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELL AND SERVICE
COMPUTER HARDWARE AND PROFESSIONAL
SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessalyn Palmer DIRECTOR OF ADMINISTRATION
Name and Title:

Address: 5310 BIII AVE Address:
VANDERBILT #3 SUITE
NAPLES, FL 304
34108

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: JESSALYN PALMER

Address: 5310 BILL AVE VANDERBILT # 3 SUITE 504
NAAPLES FL, 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JESSALYN PALMER

Address: 5310 BILL AVE VANDERBILT # 3 SUITE 504
NAAPLES FL 34108

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

Jessalyn Palmer
Required Signature/Registered Agent

03-17-14
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.

Jessalyn Palmer
Required Signature/Incorporator

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