# P14000031199

| (Re                     | equestor's Name)   |                    |
|-------------------------|--------------------|--------------------|
| (Ad                     | idress)            | <del></del>        |
| (Ad                     | ldress)            |                    |
| (Cit                    | ty/State/Zip/Phone | <del>&gt;</del> #) |
| PICK-UP                 | MAIT               | MAIL               |
| (Bu                     | ısiness Entity Nam | ne)                |
| (Do                     | ocument Number)    |                    |
| Certified Copies        | _ Certificates     | of Status          |
| Special Instructions to | Filing Officer:    |                    |
|                         |                    |                    |
|                         |                    |                    |
|                         |                    |                    |

Office Use Only

B.4/8/14



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# TRANSMITTAL LETTER

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

| SUBJECT: N          | odepoets Inc.                      |                            |                  |  |  |
|---------------------|------------------------------------|----------------------------|------------------|--|--|
|                     | (PROPOSED CORPORA                  | TE NAME – MUSTLING D       | UDE SUBBIX)      |  |  |
|                     |                                    |                            |                  |  |  |
|                     |                                    |                            |                  |  |  |
| Enclosed are an ori | iginal and one (1) copy of the art | icles of incorporation and | a check for:     |  |  |
| \$70.00             | <b>□</b> \$78.75                   | \$78.75                    | <b>2</b> \$87.50 |  |  |
| Filing Fee          |                                    | Filing Fee                 | Filing Fee,      |  |  |
|                     | & Certificate of Status            | & Certified Copy           | Certified Copy   |  |  |
|                     |                                    |                            | & Certificate of |  |  |
|                     |                                    | }                          | Status           |  |  |
|                     |                                    | ADDITIONAL CO              | PY REQUIRED      |  |  |
| EDOM.               | Patrick Shawn McCulloug            | ah                         |                  |  |  |
| FROM:               | Name (Printed or typed)            |                            |                  |  |  |
|                     |                                    | <b>V V V V</b>             |                  |  |  |
| 6128 Marie Drive    |                                    |                            |                  |  |  |
|                     | Address                            |                            |                  |  |  |
|                     | Gulf Breeze, Florida 3256          | 33                         |                  |  |  |
|                     | City,                              | State & Zip                |                  |  |  |
|                     | 813-326-1373                       |                            |                  |  |  |
|                     | Daytime 1                          | elephone number            |                  |  |  |

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:

Nodepoets Inc.

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

6128 Marie Drive Gulf Breeze, FL 32563

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Provide various software and network services to customers

### ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Patrick Shawn McCullough, 6128 Marie Dr. Gulf Breeze, FL 32563, President Amy Beth McCullough, 6128 Marie Dr. Gulf Breeze, FL 32563, Vice-President

## REGISTERED AGENT

The name and Florida street address of the registered agent is:

Patrick Shawn McCullough 6128 Marie Drive Gulf Breeze, FL 32563

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patrick Shawn McCullough 6128 Marie Drive Gulf Breeze, FL 32563

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

Signature/Registered Agent

Patrick Shawn McCullough

Signature/Incorporator

Patrick Shawn McCullough

7///19 Date

4/1/14