

PH4000078897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

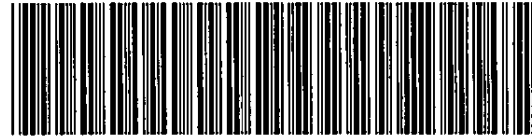
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: OPERATOR NETWORK, 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: ROBERT F SLINGSBY

Name (Printed or typed)

1276 BEACON CIRCLE

Address

WELLINGTON, FL 33414

City, State & Zip

614-558-1793

Daytime Telephone number

ROBERT@OPERATORNETWORK.COM

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: OPERATOR NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

1276 BEACON CIRCLE

WELLINGTON, FL

33414

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: MOVED TO FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT F SLINGSBY, PRESIDENT/TREASURER

Address: 1276 BEACON CIRCLE
WELLINGTON, FL
33414

Name and Title: CYNTHIA SLINGSBY, VICE PRESIDENT/SECRETARY

Address: 1276 BEACON CIRCLE
WELLINGTON, FL
33414

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: ROBERT F SLINGSBY

Address: 1276 BEACON CIRCLE

WELLINGTON, FL 33414

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

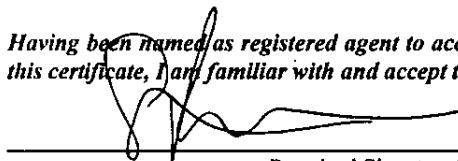
The **name and address** of the Incorporator is:

Name: ROBERT SLINGSBY

Address: 1276 BEACON CIRCLE

WELLINGTON, FL 33414

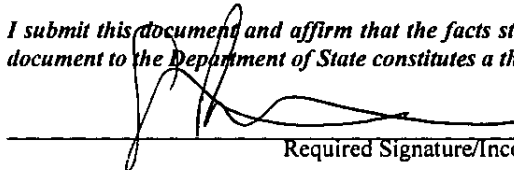
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/18/2014
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

9/18/2014
Date