

From:

Division of Corporations

11/20/2014 14:18

#271 P.001/003

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
NATIONWIDE WIRELESS 1 INC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

11/20/2014 14:22

#271 P.002/003

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: Nationwide Wireless 1 Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3301 NE 183rd Street Unit 605

Aventura, FL 33160

Mailing address, if different is:

3301 NE 183rd Street Unit 605

Aventura, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dean Noyman/Director Name and Title: _____

Address 3301 NE 183rd Street Unit 605 Address: _____

Aventura, FL 33160 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

NOV 20 PM 2:19
STATE OF FLORIDA

From:

11/20/2014 14:22

#271 P.003/003

(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: Dean Noyman
Address: 3301 NE 183rd Street Unit 605
Aventura, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dean Noyman
Address: 3301 NE 183rd Street Unit 605
Aventura, FL 33160

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

(X) [Signature]
Required Signature/Registered Agent

11/20/14
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.

(Y) [Signature]
Required Signature/Incorporator

11/20/14
Date

16 NOV 20 PM 2:19
STATE OF FLORIDA
TALLAHASSEE