

PA 900102345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

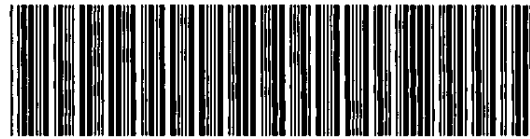
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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11/17/14--01047--005 **78.75

14 DEC 29 AM 8:16
PA 900102345

Office Use Only

WA-69762

COVER LETTER

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

SUBJECT: SOUTHEASTERN VOICE & DATA OF FLORIDA
(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: Charles CARTER
Name (Printed or typed)

123 KRISTI DRIVE
Address

INDIAN HARBOUR BEACH, FL 32937
City, State & Zip

404-271-8804
Daytime Telephone number

ATLBuckeye1@HOTMAIL.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: Southeastern Voice & Data of Florida Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

123 KRISTI Drive
Indian Harbour Beach, FL
32937

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING SERVICES FOR VOICE &
data networks for small and medium businesses

ARTICLE IV SHARES

The number of shares of stock is: 1000

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FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CN. CARTER - President Name and Title: _____

Address 123 KRISTI Drive Address: _____
Indian Harbour Beach
FLA, 32937

Name and Title: THOMAS TOBIN - ^{VICE} president Name and Title: _____

Address 4701 Pleasant St Address: _____
378
W. Des Moines, IA 50266

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:

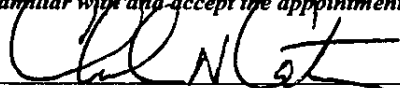
Name: C N Carter
Address: 123 KRISTI DRIVE
INDIAN HARBOUR BEACH, FL 32937

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: C N Carter
Address: 123 KRISTI DRIVE
INDIAN HARBOUR BEACH, FL 32937

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

11-10-14

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.



Required Signature/Incorporator

11-10-14

Date

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11-10-14