

P 15000034378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

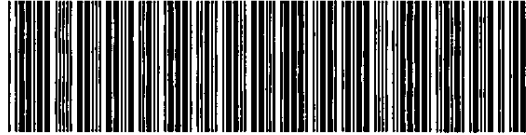
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 APR 13 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/15/15

## COVER LETTER

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

SUBJECT: Telecom Network Specialist 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: Chad Rawlings  
Name (Printed or typed)

2577 Montego Bay Blvd  
Address

Kissimmee FL 34746  
City, State & Zip

307-746-8389  
Daytime Telephone number

1rawlings1969@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)

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**ARTICLE I NAME**

The name of the corporation shall be: Telecom Network Specialist, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2577 Montego Bay Blvd  
Kissimmee FL 34746

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide Fiber and copper telecommunications services, maintenance and construction.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Roland Bhagwandeer</u>	Name and Title:	<u>Chad Rawlings Vice Pres.</u>
Address	<u>4331 Windmill point Dr.</u>	Address:	<u>2577 Montego Bay Blvd</u>
	<u>Plant City, FL 33567</u>		<u>Kissimmee FL 34746</u>
	<u>President</u>		<u>Vice President</u>

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: Chad Rawlings  
Address: 2577 Montego Bay Blvd  
Kissimmee FL 34746

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Chad Rawlings  
Address: 2577 Montego Bay Blvd  
Kissimmee FL 34746

*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

4-9-15  
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

4-9-15  
Date

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