

P/5000047984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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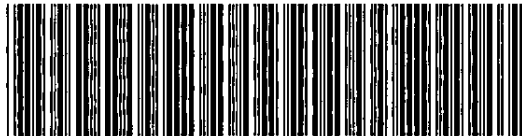
(Business Entity Name)

(Document Number)

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15 MAY 27 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Handwritten signature

## COVER LETTER

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

**SUBJECT:** A-Team Communications, 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:** A-Team Communications, Inc.

Name (Printed or typed)

16455 67th CT. N.

Address

Loxahatchee, Florida 33470

City, State & Zip

561-267-7901

Daytime Telephone number

brittbradfield@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

APPROVED  
AND  
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 MAY 27 PM 4:17

**ARTICLE I NAME**

The name of the corporation shall be: A-Team Communications, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16455 67th CT. N.

Loxahatchee, Florida 33470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: cable TV, internet and telephone wire installation, for all of those types of communication systems

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Timon Lee Bradfield, Pres.

Address: 16455 67TH CT. N.  
Loxahatchee, Florida 33470

Name and Title: Brittany Ann Bradfield

Address: Secy/treas.  
16455 67th Ct. N.  
Loxahatchee, FL 33470

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

APPROVED  
AND  
FILED

15 MAY 27 PM 4:17

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Timon Lee Bradfield

Address: 16455 67th CT. N.

Loxahatchee Florida 33470

**ARTICLE VII INCORPORATOR**

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

Name: Timon Lee Bradfield

Address: 16455 67th CT. N.

Loxahatchee Florida 33470

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/20/15  
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

5/20/15  
Date