

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 INC.

Account Number: 075350000353

: (800)221-2972

Phone Fax Number

: (888)692-9256

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

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15 JUL 27

FLORIDA PROFIT/NON PROFIT CORPORATION

Wireless Next, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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S. GILBERT

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Corporate Filing Menu

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SECRETARY OF STATE 類型LAHASSEE, FLIMBA ARTICLES OF INCORPORATION

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	ME oration shall be: Wireless Next, Inc. NCIPAL OFFICE Principal street address	Mailing address	, if different is
W 84TH AV	ENUE		
L,FL 33122			·
LETU PUR	POSE the the corporation is organized is:		
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ober of shares LE V INT Name and T	of stock is: FIAL OFFICERS AND/OR DIRECTOR Title: HAMZA MUSHTAQ, DIRECTOR 2111 NW 84TH AVENUE	Name and Title:	
DE V INI Name and T Address	of stock is: FIAL OFFICERS AND/OR DIRECTOR itle: 2111 NW 84TH AVENUE DORAL, FL 33122	Name and Title:Address;	
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	Name and	! Title;	Name and T	inle:	-
	Address		Address:	`	
					
					
ARTIC The par	LE VI A	REGISTERED AGENT Orida street address (P.O. Box NOT accept	table) of the registered	i agent is:	
Name;		HAMZA MUSHTAQ			
Addres	ss:	2111 NW 84TH AVENUE			
		DORAL, FL 33122			
ARTIC	LEYII I	NCORPORATOR			
The par	me and ad	dress of the Incorporator is:			
Nam	ne:	HAMZA MUSHTAQ	····		
Ad	ldress:	2111 NW 84TH AVENUE			
		DORAL, FL 33122	-		
Effectiv (If an e	LE VIII ve date, if c effective de fter the fill	EFFECTIVE DATE: Other than the date of filing: ate is listed, the date must be specific and ing.)	d caunot be more the	(OPTIONAL) an five business days prior or 9	0 business
Note:	If the date	inserted in this block does not meet the applicative date on the Department of State's re	plicable statutory filin ecords.	g requirements, this date will not	be listed as
Having this cer	; been nam tificate, I a	ed as registered agent to accept service of im familiar with and accept the appointmen	process for the abow nt as registored agent	e stated corporation at the place and agree to act in this capacity	designated in

Required Signature/Registered Agent

Hange White

Required Signature/Incorporator

1 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 x.817.155, P.S.

07/24/15

07/24/15

Date

Date