

P16000029521

(Requestor's Name)

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(City/State/Zip/Phone #)

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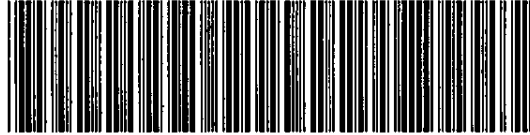
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 29 PM 2:19

04/04/16

COVER LETTER

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

SUBJECT: e2 Networx, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: John Reginald Sizer

Name (Printed or typed)

1734 North Military Trail

Address

West Palm Beach, Florida, 33409

City, State & Zip

561-910-4426

Daytime Telephone number

john@c2networx.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: e2 Networx, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1734 North Military Trail

West Palm Beach

33409, Florida

Mailing address, if different is:

16603 Sagamore Bridge Way

Delray Beach

33446, Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Network design and installation, computer sales and repairs, software development, sales and support, and allied technology and services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Reginald Sizer President

Address 16603 Sagamore Bridge Way

Delray Bridge

33446, Florida

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

16 MAR 79 PM 2:49

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: Chris Backeberg _____

Address: 4114 NW 2nd Lane _____

Delray Beach, 33445, Florida _____

ARTICLE VII INCORPORATOR

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

Name: John Reginald Sizer _____

Address: 16603 Sagamore Bridge Way _____

Delray Beach, 33446, Florida _____

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 21st, 2016 _____ (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

03-21-2016

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

03-21-2016

Date