

PI 8000032274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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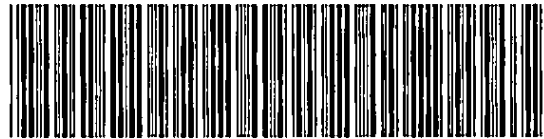
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Wave Link Corp.of Puerto Rico

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status \$ 8.75

Wave Link Corp.of Puerto Rico

Name (printed or typed)

87961 Old Hwy.

Address

Islamorada, FL 33036

City, State & Zip

786-427-7576

Daytime Telephone Number

gguzman@wavelinkcorp.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

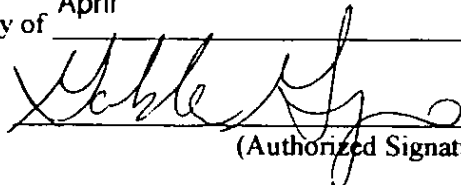
## CERTIFICATE OF DOMESTICATION

The undersigned, Gabriela Guzman President  
(Name) (Title)  
of Wave Link Corp. of Puerto Rico (F04000005375) a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was June 27, 2001.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Commonwealth of Puerto Rico.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Wave Link Corp.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Wave Link Corp. of Puerto Rico.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Florida.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Gabriela Guzman, of Wave Link Corp. of Puerto Rico  
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 2 day of April, 2018

  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I      NAME**

THE NAME OF THE CORPORATION SHALL BE:

Wave Link Corp. of Puerto Rico

## ARTICLE II    PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

87961 Old Hwy., Islamorada, Florida 33036

**Mailing Address**

87961 Old Hwy., Islamorada, FL 33036

### ARTICLE III PURPOSE

**THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:**

## Installation and Maintenance of Wireless Networks.

77  
77  
77  
77

**ARTICLE IV    SHARES**

10

THE NUMBER OF SHARES OF STOCK IS: \_\_\_\_\_

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Michael Myers

VCVP

Title/Name

Gabriela Guzman

CPT

Title/Name

Michael Myers

Director

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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TALLAHASSEE, FLORIDA

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Gabriela Guzman

87961 Old Hwy.

Islamorada, FL 33036

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Gabriela Guzman

87961 Old Hwy.

Islamorada, FL 33036

\*\*\*\*\*

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Date

4-2-2018

Signature/Incorporator

Date

4/2/2018

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA