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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

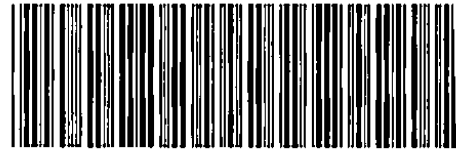
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: North Eastern Technical Services, Inc

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

F02 0000

**OPTIONAL:**

Certificate of Status \$ 8.75

North Eastern Technical Services, Inc

Name (printed or typed)

14031 Hexam Rd

Address

Brooksville, FL 34613

City, State & Zip

352-797-5208

Daytime Telephone Number

nets@northeasterntechnical.com

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

North eastern Technical Services, Inc

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**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

14031 Hexam Rd

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PO Box 6530

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Brooksville, FL 34613

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Spring Hill, FL 34611

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**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To carry on the business of every kind, nature, variety, and aspect of insurance investigation, insurance a  
accident investigation, auto theft investigation, marine investigation, mechanical analysis;  
accident reconstruction, and origin and cause investigation; and all lawful  
business incident to the above described activities.

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**ARTICLE IV SHARES**

10,000

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

Kathie A. Pacheco, President

14031 Hexam Rd

Brooksville, FL 34613

Title/Name

Kathie A. Pacheco, Treas

14031 Hexam Rd

Brooksville, FL 34613

Title/Name

Kathie A. Pacheco, Secretary

14031 Hexam Rd

Brooksville, FL 34613

Title/Name

Kathie A. Pacheco, Direc

14031 Hexam Rd

Brooksville, FL 34613

Title/Name

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\_\_\_\_\_  
\_\_\_\_\_

Title/Name

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Title/Name

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Title/Name

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\_\_\_\_\_  
\_\_\_\_\_

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

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

Jonathan Costa

14031 Hexam Rd

Brooksville, FL 34613

**ARTICLE VII INCORPORATOR**

*THE NAME AND ADDRESS OF THE INCORPORATOR IS:*

Kathie Pacheco

14031 Hexam Rd

Brooksville, FL 34613

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**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE 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

07/31/19

Date

Signature/Incorporator

07/31/19

Date