

P99000005827

TRANSMITTAL LETTER

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

SUBJECT: PALM BEACH NET, INC. 200002752842--9  
-01/25/99--01019--011  
(Proposed corporate name -- must include suffix) \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

<u>      </u> \$70.00	<u>      </u> \$78.75	<u>  X  </u> \$122.50	<u>      </u> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: John R. Luton  
Name (printed or typed)

P.O. Box 1202  
Address

Stuart, Florida 34495  
City, State, Zip Code

(800) 225-2976  
Daytime Telephone Number

FILED  
99 JAN 21 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

~~W98-28735~~  
Dmc  
12/28/98



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

December 28, 1998

JOHN R. LUTON  
P.O. BOX 1202  
STUART, FL 34495

SUBJECT: PALM BEACH NET, INC.  
Ref. Number: W98000028935

We have received your document for PALM BEACH NET, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 298A00060586

**FILED**

99 JAN 21 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE 1 NAME**

The name of the corporation shall be:

PALM BEACH NET, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

543 S.W. 36<sup>th</sup> Street  
Palm City, FL 34990

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

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

The name and address of the initial registered agent is:

John R. Luton  
543 S.W. 36<sup>th</sup> Street  
Palm City, FL 34990

**ARTICLE V INCORPORATOR(S)**

(See instructions for officers/directors)

The name(s) and street address(es) of the incorporator(s) to these Article of Incorporation is (are):

John R. Luton  
543 S.W. 36<sup>th</sup> Street  
Palm City, FL 34990

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this,

23 day of NOVEMBER, 19 98.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

FILED

99 JAN 21 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA*

**PALM BEACH NET, INC.**

1. The name of the corporation is:

2. The name and address of the registered agent and office is:

John R. Luton

(Name)

543 S.W. 36<sup>th</sup> Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Palm City, FL 34990

(City, State, Zip Code)

*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 hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(Signature)

(Date)