Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323	ions 14 We feetar Wiles	BI ESS Solar or ate name - must include suff	D00028387-014/14/39-01 *******87.50 *******87.50	7787 1051018 ******87.50
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a c	check for :	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Oesav Name (P	Cardonas rinted or typed)		
	175 787A	que. N.z		
	Saint Keter City,	State & Zip	33 <u>7</u> 02	
		-2600 Felephone number	SECRETARY OF TALL AHASSEE F	

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

3

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME The name of the corporation shall be:	Netstar	Wireless	Solutions,	INC
ARTICLE II PRINCIPAL OF The principal place of business and mail	FICE ing address of this cor	poration shall be:	· · ·	.,

ARTICLE III SHARES

ST. Defelsburg, FL. 33702

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Caesar Cardenas

175 7874 ave NE

ST. Petersburg FC. 33702

Mandena

4-11-99

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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 this 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/Registered Agent

Date

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