

P99000058427
TRANSMITTAL LETTER

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

500002916955--9
-06/28/99--01077--015
131.25 **87.50

SUBJECT: NETSET SOLUTIONS INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

FRANK CAVALLINO
Name (printed or typed)

16145 MURCOTT Boulevard
Address

Loxahatchee, Florida 33470
City, State & Zip

561-753-8068

Daytime Telephone number

FRANK CAVALLINO GAVE
AUTHORIZATION BY PHONE TO
CORRECT NAME
DATE 7-2-99
DOC. EXAM OK

FILED
99 JUN 28 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

C. GALLMON-CASE JUL 01 1999

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NETSET SOLUTIONS INC.

ARTICLE II PRINCIPAL OFFICE

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

16145 MURCOTT Boulevard
Loxahatchee, Florida 33470

ARTICLE III SHARES

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

1000 shares @ no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANK CAVALLINO
16145 MURCOTT Boulevard
Loxahatchee, Florida 33470

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TALLAHASSEE, FLORIDA

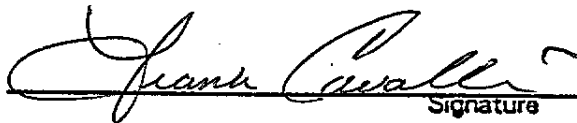
ARTICLE V INCORPORATOR(S)

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

1- FRANK CAVALLINO
16145 MURCOTT Boulevard
LOXAHATCHEE, Florida 33470

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

24th day of June, 1999.


Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

1. The name of the corporation is: NETSET SOLUTIONS INC.

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

FRANK CAVALLINO
(Name)

16145 MURCOTT Boulevard
(P.O. Box not acceptable)

Loxahatchee Florida 33470
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

6/24/99
(Date)