

TRANSMITTAL LETTER

P 99000104259

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

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-11/29/99-01030-008
*****78.75 *****78.75
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SUBJECT:

NETINQUIRE, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

STEVE MARKS

Name (Printed or typed)

9235 SE COVE POINT ST.

Address

JUPITER, FL 33469

City, State & Zip

561-746-3011

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 29 AM 8:00

FILED

F. CHRISTY DEC 2 1999

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

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:

NET INQUIRE, INC.

ARTICLE II PRINCIPAL OFFICE

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

9235 SE COVE POINT ST
JUPITER, FL 33469

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

STEVE MARKS
9235 SE COVE POINT ST
JUPITER, FL 33469

ARTICLE V INCORPORATOR

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

STEVE MARKS
9235 SE COVE POINT ST
JUPITER, FL 33469


Signature/Incorporator

11/23/99
Date

STEVE MARKS

(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

11/23/99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 29 AM 8:00

FILED