TRANSMITTAL LETTER
P11000104625
Department of State
Division of Corporations
P. O. Box 6327 3000030551037
Tallahassee, FL 32314

Enclosed is an original and one(1) copy of	the articles of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Sta		☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Wesley	F. STARN	ES
2230	5. Terrace Bl Address	lvd.
Longwood 407	FL 32779 City, State & Zip - 869-6355 Daytime Telephone number	99 NOV 29 AM II: 16 SELATANY OF STATE TALLAHASSEE, FLORID,

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:
ARTICLE I NAME The name of the corporation shall be: National Telecom Solutions, Inc. 23 The name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
2230 S. Terrace Blvd.
Longwood, FL 37779 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: Wesley E. Starnes 2230 S. Terrace Blvd.
2230 S. Terrace Blvd.
ARTICLE V INCORPORATOR Longwood, FL 32779
The name and address of the incorporator to these Articles of Incorporation are:
Wesley E. Starnes 22305, Terrace Blvd.
▲
Mar Longwood, FL 32779
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

gnature/Registered Agent

7 / 9 9 Date