

8/30/2015

Division of Corporations

AS 000 071933
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : JP GLOBAL BUSINESS
Account Number : I20130000083
Phone : (305)436-0093
Fax Number : (305)436-0094

2015 AUG 31 AM 11:22
FILED
SECRETARY OF STATE
CORPORATION DIVISION

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
INO ENGINEERING SUPPLY INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

a/w

RECEIVED
15 AUG 31 AM 11:58
CORPORATION DIVISION
FLORIDA

August 18th, 2015

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of INO ENGINEERING SUPPLY INC
Of Doc # PO000016965 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention of
reopening it. Thank you for your help in this matter.

Very sincerely



A handwritten signature consisting of a stylized 'G' or 'S' shape with a horizontal line extending to the right.

COVER LETTER

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

SUBJECT: INO ENGINEERING SUPPLY INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: JP GLOBAL BUSINESS SOLUTIONS INC
Name (Printed or typed)

7325 NW 36TH ST
Address

MIAMI FL 33166
City, State & Zip

(305) 4360093
Daytime Telephone number

MASTER@JPGBUSINESS.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: INO ENGINEERING SUPPLY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4320 SW 52ND ST

4320 SW 52ND ST

FT LAUDERDALE FL 33314

FL LAUDARDALE FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARCS

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P/SCIARRINO, GIOVANNI

Name and Title: _____

Address: 4320 SW 52ND ST

Address: _____

FT LAUDERDALE FL 33314

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

| | |
|-----------------------|-----------------------|
| Name and Title. _____ | Name and Title. _____ |
| Address _____ | Address. _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: JP GLOBAL BUSINESS SOLUTIONS

Address: 4320 SW 52ND ST
FT LAUDARDALE FL 33314

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SCIARRINO, GIOVANNI

Address: 4320 SW 52ND ST
FT LAUDERDALE FL 33314

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing 08/18/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

8/18/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

8/18/15
Date