# 109000000478

(Requestor's Name)				
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· PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Business Energ Name)				
(Document Number)				
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## **COVER LETTER**

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

SUBJECT: ICONNECTION MECTION INC (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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

**🛛** \$70.00 Filing Fee

**3** \$78.75

Filing Fee & Certificate of

Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: SVETLANA

NW 106 ST Address

GAINESVILLE, FL 32606
City, State & Zip

333 3922 Daytime Telephone number 352

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

ICONNECTION, INC. Svetlana Y Korotkevich, President POB ox 358292

Gainesville, FL 32635

phones: (352) 333-3922, (352) 222-8968; FAX: (352)332-7208

5-4-9

To: Florida Department of State Division of Corporations

Re: Releasing the name - Affidavit

By this letter, my company is Informing you that we have no intention of reinstating, therefore releasing the name "I connection I'm from usage by us as a for-profit organization, to a newly formed company non-for-profit - please see documents attached.

Svetlana Y. Korotkerich as President for ICI



April 28, 2009

SVETLANA Y. KOROTKEVICH 1322 NW 106 ST GAINESVILLE, FL 32606

SUBJECT: ICONNECTION INC Ref. Number: W09000019926

We have received your document for ICONNECTION INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 809A00014288

Valerie Herring Regulatory Specialist II New Filing Section

Division of Corporations - P.O. BOX 6327 - Tallahassaa, Florida 32314

### ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

	•			
4	RTI	CLE	I	NAME

The name of the corporation shall be:

ICONNECTION INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1322 NW 106 ST, GAINESVILLE FL 32606. FOR MAILING! POBOX 358292, GAINESVILLE FL 32635

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHARITABLE, EDUCATIONAL AND SCIENTIFIC

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY VOTE OF MAJORITY

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

1, SVETLAMA Y. KOROTKENIH, 1322 NW 106 ST, G, FC 32606 - DIRECTOR

2. ANATOLY N. LUKYANOV, 9508 EDMONDS WAY #109, E, WA 98020- TREASULER

3. JACOB WALTON, 13200 W. NEWBERRY RD, N, FR 32669 - SECRETARY # J-50

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SVETLAMA Y. KOROTKENCH

1322 NW 106 ST

GAINESMUE, FL 32606

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SVETLAMA Y. KOROTKENCH

1322 NW 106 ST

GAINESMUE, FL 32606

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.

Drekare I noh	4.16.9
Signature/Registered Agent	Date
Dreflan Ikh	4.16.9
Signature/Incorporator	Date