

TRANSMITTAL LETTER

P00000043730

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

200003232832--8
-05/01/00-01102-003
*****78.75 *****78.75

SUBJECT: INTERVELOCE, 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: ADRIAN STRIDE
Name (Printed or typed)

8902 NW 2ND ST
Address

CORAL SPRINGS, FL 33071
City, State & Zip

(954) 410-2843
Daytime Telephone number

FILED
00 MAY -1 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CB
52.00
N

ARTICLES OF INCORPORATION

The undersigned, acting as Incorporator of a corporation pursuant to chapter 617, Florida Statutes, adopts the following Articles of Incorporation:

ARTICLE I The name of the corporation shall be:

Interveloce, Inc.

ARTICLE II The mailing address of this corporation shall be:

8902 NW 2nd St
Coral Springs, FL 33071

ARTICLE III The specific purposes for which the corporation is organized is:

Exclusively for profit from internet services.

ARTICLE IV The number of shares of stock is:

100,000 for \$0.01 each

ARTICLE V The name and the street address of the initial officers/directors:

DIRECTOR
Adrian Stride
8902 NW 2nd St
Coral Springs, FL 33071

DIRECTOR
Chantel Weckesser
8902 NW 2nd Street
Coral Springs, FL 33071

ARTICLE VI The name and the street address of the initial registered agent is:

Adrian Stride
8902 NW 2nd St
Coral Springs, FL 33071

ARTICLE VII The name and the street address of the Incorporator are:

Adrian Stride
8902 NW 2nd St
Coral Springs, FL 33071

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 of Registered Agent

Date

Signature of Incorporator

Date

FILED
00 MAY -1 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA