

PD3000137578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11/21/03



500024276445

11/24/03--01001--008 **75.00

11/24/03--01001--009 **3.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 21 PM 3:02
NOV 21 PM 4:06
DEPT. OF REVENUE
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Statistical Info Inc

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

_____ LTD Partnership File _____

_____ Foreign Corp. File _____

_____ L.C. File _____

_____ Fictitious Name File _____

_____ Trade/Service Mark _____

_____ Merger File _____

_____ Art. of Amend. File _____

_____ RA Resignation _____

_____ Dissolution / Withdrawal _____

_____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

_____ Photo Copy _____

_____ Certificate of Good Standing _____

_____ Certificate of Status _____

_____ Certificate of Fictitious Name _____

_____ Corp Record Search _____

_____ Officer Search _____

_____ Fictitious Search _____

_____ Fictitious Owner Search _____

_____ Vehicle Search _____

_____ Driving Record _____

_____ UCC 1 or 3 File _____

_____ UCC 11 Search _____

_____ UCC 11 Retrieval _____

_____ Courier _____

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:

Statistical Info Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

823 NE 5th St #4
Hallandale Bch FL 33009**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Information gathering

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JOHN VAZQUEZ
823 N. E. 5 Street APT 4
Hallandale Beach Florida 33009
President**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JOHN VAZQUEZ
823 N. E. 5 Street APT #4**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOHN VAZQUEZ
823 N. E. 5 Street #4
Hallandale Beach FLA 33009

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 NOV 21 PM 4:06