

PO4000117719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

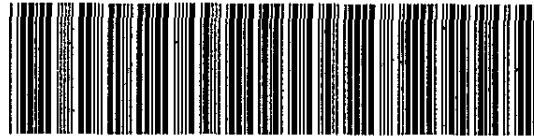
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300039798273

08/05/04--01054--001 **78.75

CLM-10 PM 3:13

✓
8/12/04

TRANSMITTAL LETTER

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

SUBJECT: iconnect, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|---|---|
| <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Luis G. Coello
Name (Printed or typed)

444 Brickell Ave # 701
Address

Miami, FL 33121
City, State & Zip

305 371-2316
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 5, 2004

LUIS G. COELLO
444 BRICKELL AVE #701
MIAMI, FL 33131

SUBJECT: ICONNECTION, INC.
Ref. Number: W04000029974

We have received your document for ICONNECTION, INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Please return the 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.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 104A00048931

ARTICLES OF INCORPORATION

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

04 AUG 10 PM 3:13

ARTICLE I NAME

The name of the corporation shall be:

icconnect Wholesale, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

444 Brickell Ave #701
Miami, FL 33101

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

wholesale telecom

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luis G Coello
President
100%

ARTICLE VI REGISTERED AGENT

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

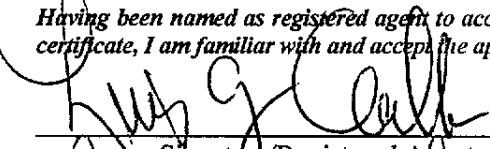
Luis G. Coello
444 Brickell Ave #701
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Luis G Coello
444 Brickell Ave #701
Miami, FL 33131

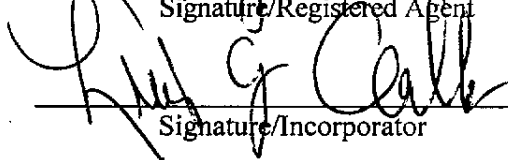
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/4/04

Date



Signature/Incorporator

Date