

P04000151878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

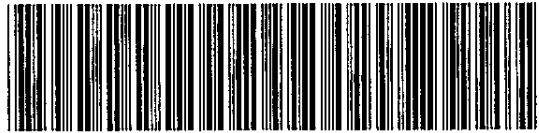
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/04/04--0000--005 18.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV -5 P 12:56

FILED

DEPT. OF REVENUE
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

04 NOV -5 AM 10:43

RECEIVED

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Intercontinental Title & Escrow Co.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

INTERCONTINENTAL TITLE & ESCROW CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

350 Alcazar Avenue, Coral Gables, Florida 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria I. Landa-Posada, 350 Alcazar Avenue, Coral Gables, Florida 33134

Marilen Marnett, 350 Alcazar Avenue, Coral Gables, Florida 33134

Agustin R. Quevedo, 350 Alcazar Avenue, Coral Gables, Florida 33134

Gonzalo A. Ruiz, 350 Alcazar Avenue, Coral Gables, Florida 33134

ARTICLE VI REGISTERED AGENT

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

Maria I. Landa-Posada, 350 Alcazar Avenue, Coral Gables, Florida 33134

ARTICLE VII INCORPORATOR

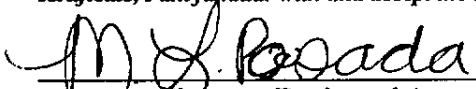
The name and address of the Incorporator is:

Maria I. Landa-Posada, 350 Alcazar Avenue, Coral Gables, Florida 33134

ARTICLE VIII EFFECTIVE DATE

The effective date of this corporation shall be: February 1, 2005.

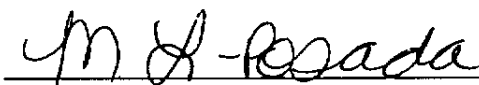
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/4/04

Date



Signature/Incorporator

11/4/04

Date

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