

PD5000010890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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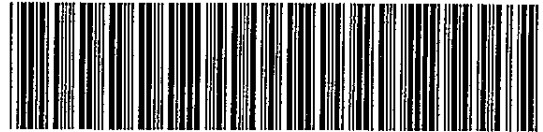
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
05 JAN 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-21

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

SUBJECT: Interslice Systems, 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
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: James R. Boyd

Name (Printed or typed)

1729 South Creek Lane

Address

Osprey FL 34229

City, State & Zip

941 966 1492

Daytime Telephone number

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

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:

Interslice Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1729 South Creek Lane
Osprey ,FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: James R. Boyd
Secretary: James R. Boyd
Treasurer: James R. Boyd
Director: James R. Boyd

ARTICLE VI REGISTERED AGENT

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

James R. Boyd
1729 South Creek Lane
Osprey ,FL 34229

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James R. Boyd
1729 South Creek Lane
Osprey ,FL 34229

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

1-12-2005

Date



Signature/Incorporator

1-17-2005

Date

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05 JAN 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA