

PO5000115840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 AUG 18 P 3:03

FILED

TRANSMITTAL LETTER

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

SUBJECT: SYSTEMS DESIGN & INTEGRATION, 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 type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: FRED CHIKOVSKY, ESQ.
Name (Printed or typed)

1720 HARRISON STREET, SUITE 7-A
Address

HOLLYWOOD, FL 33020
City, State & Zip

954-920-4438
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:

SYSTEMS DESIGN & INTEGRATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6418 VIA ROSA
BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY AND ALL BUSINESS PERMITTED
UNDER THE LAWS OF THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID LYNN
6418 VIA ROSA
BOCA RATON, FL 33433

ARTICLE VI REGISTERED AGENT

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

FRED CHIKOVSKY, ESQUIRE
1720 HARRISON STREET, SUITE 7-A
HOLLYWOOD, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID LYNN
6418 VIA ROSA
BOCA RATON, FL 33433

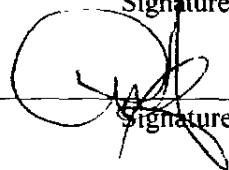
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA