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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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# **COVER LETTER**

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

SUBJECT: INNOVATIVE TEAM CORP.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	les of incorporation and	l a check for:
<b>\$70.00 \$78.75</b>	<b>\$78.75</b>	<b>✓</b> \$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
		Status
	ADDITIONAL CO	PY REQUIRED
FROM: LISBETH MUNOZ		
	Printed or typed)	
10811 NW 22 STREET		
A	ddress	<del> </del>
PEMBROKE PINES, FLOF	NDA 33026	
	State & Zip	
954 445-7808		
	lephone number	<del></del>

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:

INNOVATIVE TEAM CORP.

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SECRETARY OF STATE TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10811 NW 22 STREET PEMBROKE PINES, FLORIDA 33026

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM ANY AND ALL LAWFUL BUSINESS

#### 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):

LISBETH MUNOZ 10811 NW 22 STREET PEMBROKE PINES, FLORIDA 33026

## ARTICLE VI REGISTERED AGENT

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

LISBETH MUNOZ 10811 NW 22 STREET PEMBROKE PINES, FLORIDA 33026

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LISBETH MUNOZ 10811 NW 22 STREET PEMBROKE PINES, FLORIDA 33026

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

Date

With June

Signature/Incorporator

Date