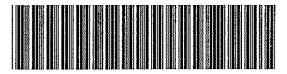
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(Req	uestor's Name)			
(Add	ress)			
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(City	/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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2007 JAN 18 PM 2: 02

COVER LETTER

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

SUBJECT: INTI	ROSUPPLY INC. (PROPOSED CORPORA)	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Ja	ack Greenfield		
galacter.	Name (Printed or typed)	
	5701 Pine Island Road	Suite 340	
	A	daress	
	Tamarac, FL 33321		
	City, S	State & Zip	
	954 323 4264		· · · · · · · · · · · · · · · · · · ·
	Dastima Ta	anhana numbar	

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

INTROSUPPLY INC.

2007 JAN 18 PM 2: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5701 Pine Island Rd. Suite 340 Tamarac, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Specific Purpose for a "Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is:

3000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jack Greenfield

(Treasurer)

5701 Pine Island Rd Suite 340

Tamarac FL 33321

ARTICLE VI REGISTERED AGENT

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

Jack Greenfield

5701 Pine Island Rd Suite 340

Tamarac FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jack Greenfield

5701 Pine Island Rd Suite 340

Tamarac FL 33321

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

OWN Multiplier

Signature/Incorporator Date