

P08000044551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

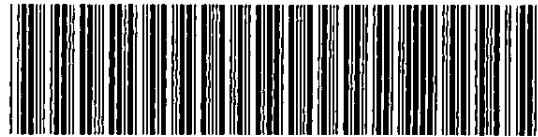
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/05/08--01001--007 **58.75

04/24/08--01025--020 **70.00

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08 APR 30 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

TRANSMITTAL LETTER

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

SUBJECT: CERTIFICATE OF DOMESTICATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|----------------|
| Certificate of Domestication | \$50.00 |
| Articles of Incorporation and Certified Copy | <u>\$78.75</u> |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

FROM: INFO TEX SQUARED, INC. - ROB ALLEN
Name (printed or typed)

5036 DR. PHILIPS BLVD STE 340
Address

ORLANDO, FL 34773
City, State & Zip

410-937-7935
Daytime Telephone Number



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2008

ROBERT M. ALLEN II
5036 DR. PHILLIPS BLVD. SUITE 340
ORLANDO, FL 32819

SUBJECT: INFO TEK SQUARED, INC.
Ref. Number: W08000020917

We have received your document for INFO TEK SQUARED, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 608A00025173

CERTIFICATE OF DOMESTICATION

The undersigned, ROBERT M. ALLEN II, PRESIDENT,
(Name) (Title)

of INFOTEK SQUARED, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 15, 2004.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Maryland.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Infotek Squared, Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Infotek Squared, Inc..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Maryland.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Robert M. Allen II of Infotek Squared, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 28th day of April, 2008.

[Signature]
(Authorized Signature)

Filing Fee:

| | |
|--|----------|
| Certificate of Domestication | \$50.00 |
| Articles of Incorporation and Certified Copy | \$78.75 |
| Total to domesticate and file | \$128.75 |

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TALLAHASSEE, FLORIDA
FILED

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:

InfoTek Squared, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5036 Dr. Phillips Blvd. Suite 340
Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide computer consulting and suport services; and to engage in any other lawful purpose and / or business.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert M. Allen II
President

5036 Dr. Phillips Blvd. Suite 340
Orlando, FL 32819

Kellie C. Allen
Vice President

5036 Dr. Phillips Blvd. Suite 340
Orlando, FL 32819

Robert M. Allen II
Secretary *SAME ADDRESS*

Robert M. Allen II
Treasurer *SAME ADDRESS*

ARTICLE VI REGISTERED AGENT

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

Robert M. Allen II
5036 Dr. Phillips Blvd. Suite 340
Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert M. Allen II
5036 Dr. Phillips Blvd. Suite 340
Orlando, FI 32819

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



Signature/Incorporator

4/18/08

Date

4/18/08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA