

P090880001602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

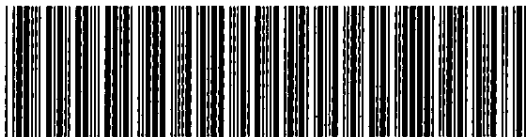
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-9-09  
1602

## COVER LETTER

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

**SUBJECT:** Intellivest 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: Dr. Maura Mitchell

Name (Printed or typed)

11 Island Ave #1905

Address

Miami Beach Fl 33139

City, State & Zip

305-968-5474

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:

Intellivest Systems, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

11 Island Ave. #1905  
Miami Beach Florida  
33139

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Profit 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):

Director : Dr. Maura Mitchell

### **ARTICLE VI REGISTERED AGENT**

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

Lowell J. Kuvin  
22 NE 1st Street Suite 201  
Miami Florida 33132

### **ARTICLE VII INCORPORATOR**

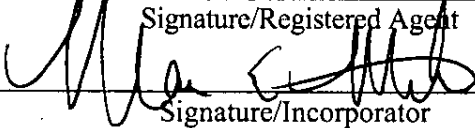
The name and address of the Incorporator is:

Dr. Maura Mitchell  
11 Island Ave #1905  
Miami Beach Florida 33139

\*\*\*\*\*

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

12/31/08  
\_\_\_\_\_  
Date

12/31/08  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA