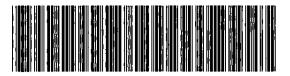
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## **COVER LETTER**

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

SUBJECT:	PROPOSED CORPORA	Supply INC	
	inal and one (1) copy of the artic		
\$70.00 Filing Fee	\$78.75 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:	ARMANDO Name (		
	M / AM / City,	FL 331 State & Zip	94

305-717-2/78

 $\label{eq:NOTE:Please provide the original and one copy of the articles.}$ 

Daytime Telephone number

## INTEGRATED VIDED SUPPLY INC PRINCIPAL OFFICE ARTICLE II The principal street address and mailing address, if different is: 14738 SW 9 LANE MIAMI FL 33194 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ALL LEGAL PURPOSES 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): ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ARMANDO J. PEREZ 14738 SW 9 LANE MIAMI, FL 33/94 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ARMANDOJ. PEREZ 14738 SW 9 LANE MIAMI, FL 33194 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

ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

ARTICLE I

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Signature/Registered Agent

Signature/Incorporator

ARMANDO J. PEREZ