

P11000001374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

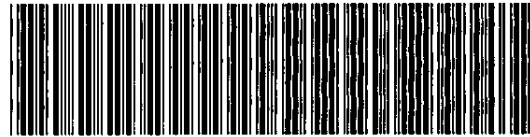
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers JAN 06 2011  
W10-55028  
691

## COVER LETTER

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

SUBJECT: Interdcol, 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: Lourdes Cano

Name (Printed or typed)

1500 San Remo Avenue, Suite 145

Address

Coral Gables, FL 33146

City, State & Zip

305-662-6840

Daytime Telephone number

lulicano2@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: Interdcol, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1500 San Remo Avenue  
Suite 145  
Coral Gables, FL 33146

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Real Estate, developer & construction company

**ARTICLE IV SHARES**

The number of shares of stock is: ~~\$10,000~~, 7,500 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Isaac Mildenberg, President  
Address: 1500 San Remo Avenue, Suite 145  
Coral Gables, FL 33146

Name and Title: David Mildenberg, Vice President  
Address: 1500 San Remo Avenue, Suite 145  
Coral Gables, FL 33146

Name and Title: Dora Renee Mildenberg, T/S  
Address: 1500 San Remo Avenue, Suite 145  
Coral Gables, FL 33146

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

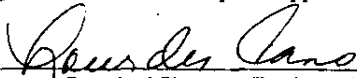
Name: Lourdes Cano  
Address: 1500 San Remo Avenue, Suite 145  
Coral Gables, FL 33146

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lourdes Cano  
Address: 1500 San Remo Avenue, Suite 145  
Coral Gables, FL 33146

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

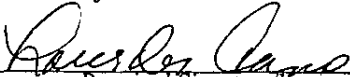


Required Signature/Registered Agent

12/21/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

12/21/10

Date

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