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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 24 PM 4: 41

FILED

~~3:00pm~~ JAN 26 2011

COVER LETTER

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

SUBJECT: Information Specialists Plus 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: K Smith
Name (Printed or typed)

221 Driggs Drive
Address

Winter Park Florida 32793
City, State & Zip

407-610-0278
Daytime Telephone number

ispheal@teal.net
E-mail address: (to be used for future annual report notification)

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:

Information Specialists Plus Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

221 Driggs Drive rm 4155
Winter Park Florida 32793

4409 Hoffner Ave unit 190
Orlando Florida 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000,000 shares of common stock having \$.10 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: K Smith

Address: 4409 Hoffner Ave
unit 190
Orlando Florida 32812

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: K Smith

Address: 4409 Hoffner Ave
Orlando Florida 32812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: K Smith

Address: 4409 Hoffner Ave
Orlando Florida 32812

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

1/24/11

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

1/24/11

Date

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FILED

STATE OF FLORIDA
TALLAHASSEE