

P11000073548

(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: GAVE

Thuyt Guenao

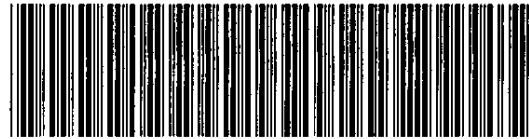
AUTHORIZATION BY FILING TO

CORRECT # 2 + 5 on

DATE *Certificate of Domesticity*

DOC. EXAM *3*

Office Use Only



400211097944

08/16/11--01030--007 **128.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 16 PM 2:32

Ps 8/17/11

Intelivest, Inc

3661 SOUTH MIAMI AVENUE SUITE 709
MIAMI, FLORIDA

CLIENT SERVICES

Telephone (305) 975-5002
Facsimile (305) 856-9592
E-Mail cmgltv@GMAIL.com

FAX COVER SHEET

FCS.ITV.FLDPST.APPL.CERTIFICATE OF DOMESTICATION.2011

BUSINESS OFFICE

Telephone (305) 856-9518
Facsimile (305) 856-9592
E-Mail cmgltv@GMAIL.com

DATE: 08/11/11

PAGE(S): Five (05) Including Cover Sheet

COMP/ORG: FLORIDA DEPARTMENT OF STATE

TO: New Filing Section
Division of Corporations

ADDRESS: P O B 6327
Tallahassee, FL 32314

TEL: (850) 245-6052

FAX: () -

E-M: www.sunbiz.org

BY: Certified Mail/Return Receipt Requested

TK#: 7004-2890-0003-3390-6349

FROM: CHERYL M. GUERRERO

TITLE: President

COMPANY: INTELIVEST, INC.

ADDRESS: 3661 S Miami AV STE 709
Miami, FL 33133

RE: APPLICATION FOR CERTIFICATE OF DOMESTICATION

ENCLOSURE: Please find enclosed the following:

COVER LETTER STATE OF FLORIDA	01pgs
APPLICATION FOR CERTIFICATE OF DOMESTICATION SIGNED & EXECUTED	01pgs
ARTICLES OF INCORPORATION SIGNED & EXECUTED	01pgs
NORTHERN TRUST BANK ITV/CK#1089 \$128.75	01pgs

MESSAGE: Pursuant to our telephone conversation:

THANK YOU.

The information contained in this facsimile is privileged and confidential specific information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone. If long distance, please call collect and return the original message to us at the above address via Postal Service.

COVER LETTER

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

SUBJECT:

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
-----------------------	---------

Name (printed or typed)

INTELIVEST, INC

Address

3661 S Miami AV STE 709

City, State & Zip

Miami, FL 33133

Daytime Telephone Number

(305) 856-1995

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

cmgitv@gmail.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 AUG 16 PM 2:32

CERTIFICATE OF DOMESTICATION

The undersigned, CHERYL M GUERRERO President
(Name) (Title)

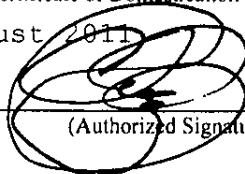
of INTELIVEST, INC a foreign corporation,
(Corporation Name)

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

1. The date on which corporation was first formed was 04182000
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEVADA
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was INTELIVEST, 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 INTELIVEST, 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 NEVADA
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of INTELIVEST, INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 11th day of August, 2011


(Authorized Signature)

Filing Fee:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 AUG 16 PM 2:32

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

INTELIVEST, INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

3661 S Miami AV STE 709

Miami, FL 33133

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

FINANCIAL PLANNING

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Cheryl M Guerrero

Director

3661 S Miami AV STE 709 Miami, FL 33133

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Cheryl M Guerrero

3661 S Miami AV STE 709 Miami, FL 33133

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Cheryl M Guerrero

3661 S Miami AV STE 709 Miami, FL 33133

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

Date 081111

Signature/Incorporator

Date 081111