

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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TALLAHASSEE, FLORIDA

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
INTERNATIONAL BUSINESS DATA SYSTEMS, INC**

Certificate of Status	0
Certified Copy	
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: INTERNATIONAL BUSINESS DATA 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: JOSE JANIO SANTAMARIA RAMOS
Name (Printed or typed)

2903 SALZEDO STREET, #2
Address

CORAL GABLES, FL, 33134
City, State & Zip

(954) 565-6611
Daytime Telephone number

jsantamaria@bds.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: INTERNATIONAL BUSINESS DATA SYSTEMS, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2903 SALZEDO STREET, #2
CORAL GABLES, FL 33134
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: JOSE JANIO SANTAMARIA RAMOS - PRESIDENT
Address: 2903 SALZEDO STREET, #2
CORAL GABLES, FL 33134
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: PETER J YANOWITCH
Address: 2903 SALZEDO STREET, #2
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: JOSE JANIO SANTAMARIA RAMOS
Address: 2903 SALZEDO STREET, #2
CORAL GABLES FL 33134

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: _____ Date: 09/01/11

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.217.155, F.S.

Required Signature/Incorporator: _____ Date: 09/01/11

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TALLAHASSEE, FLORIDA