

P110000084930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

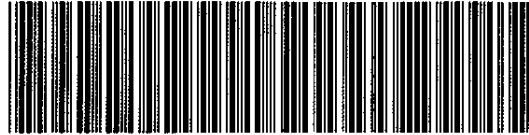
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
27th Sept.

Office Use Only



100208867911

track. *[Signature]*
06/21/11 10084--001 **87.50

09/28/11--01002--002 **102.50

FILED
11 SEP 27 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPD
9/28

1111 33657

COVER LETTER

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

SUBJECT: IT DOMAIN IT 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: Oswaldo Gonzalez (IT DOMAIN IT)
Name (Printed or typed)

P.O. BOX 7360
Address

Fort Lauderdale FL 33338
City, State & Zip

646-938-1616
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JUL -1 AM 10:58
DIVISION OF CORPORATIONS

June 22, 2011

OSWALDO GONZALEZ
PO BOX 7360
FORT LAUDERDALE, FL 33338

SUBJECT: IT DOMAIN IT INC.
Ref. Number: W11000033657

We have received your document for IT DOMAIN IT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type the corporation name in Article I on the form.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 511A00015149



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2011

IT DOMAIN IT INC 2ND MAILING
ATTN: OSWALDO GONZALEZ
1015 EAST SUNRISE BLVD, #308
FORT LAUDERDALE, FL 33304

SUBJECT: IT DOMAIN IT INC.
Ref. Number: W11000033657

We have received your document for IT DOMAIN IT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type the corporation name in Article I on the form.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 511A00015149



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2011

OSWALDO GONZALEZ
4000 COLLINS AVE., APT. 311
MIAMI BEACH, FL 33140-3716

SUBJECT: IT DOMAIN IT INC.
Ref. Number: W11000033657

Memo #: 00010-C

This letter is to inform you that your check number 229 for \$87.50, which was dated June 14, 2011 and submitted for IT DOMAIN IT INC. has been returned to us by your bank because of CLOSED ACCOUNT.

We are notifying you because our records indicate that the paperwork for IT DOMAIN IT INC. has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$102.50, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: RUBY DUNLAP
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Michelle Milligan
Administrative Assistant II
Bureau of Commercial Recording

Letter Number: 811A00018182

cc: OSWALDO GONZALEZ
P.O. BOX 7360
FT. LAUDERDALE, FL 33338



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2011

OSWALDO GONZALEZ 3RD MAILING
PO BOX 7360
FORT LAUDERDALE, FL 33338

SUBJECT: IT DOMAIN IT INC.
Ref. Number: W11000033657

We have received your document for IT DOMAIN IT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 511A00015149

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

IT DOMAIN IT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1201 N FEDERAL HWY STE 2A
Fort Lauderdale, Florida 33338
P.O. BOX 7360

Mailing address, if different is

1201 N FEDERAL HWY STE 2A
P.O. BOX 7360
Fort Lauderdale, FL 33338

ARTICLE III PURPOSE

The purpose for which the corporation is organized is

IT DOMAIN IT inc. provides consulting, systems integration and design, IT and business process outsourcing, applications software, web and application hosting to its, sell and buy leads with an investor's profile, sell and buy stocks, data storage, transmission and processing by networks computers, buy and sell computers, and vehicles

ARTICLE IV SHARES

The number of shares of stock is ^{200,000,000} shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oswaldo Gonzalez
Address: P.O. BOX 7360
Fort Lauderdale, Florida 33338
1201 N FEDERAL HWY STE 2A

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:

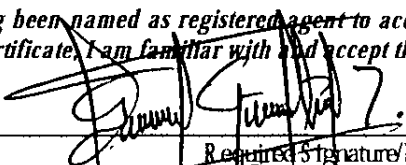
Name: Oswaldo Gonzalez
Address: 1015 East Sunrise Blvd STE 308
Fort Lauderdale, FL 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

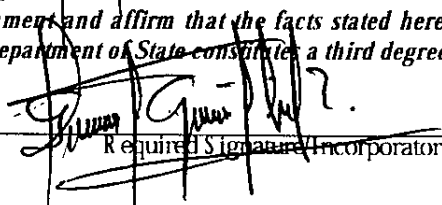
Name: Oswaldo Gonzalez
Address: 1015 East Sunrise Blvd STE 308
Fort Lauderdale, FL 33304

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

9/23/2011
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

9/23/2011
Date

FILED
11 SEP 27 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA