

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
INDUSTRIAL OPPORTUNITY SOUTHEAST PARTNERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RE-SUBMIT

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date of submission

12/13

Electronic Filing Menu

Corporate Filing Menu

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2011 DEC 13 PM 2:12

SEAL OF THE
DIVISION OF CORPORATIONS



December 14, 2011

C T CORPORATION SYSTEM

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: INDUSTRIAL OPPORTUNITY SOUTHEAST PARTNERS, INC.
REF: W11000062370

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000292183
Letter Number: 911A00027875

P.O BOX 6327 - Tallahassee, Florida 32314

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STATE FILING DIVISION
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Industrial Opportunity Southeast Partners, 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: Gary M. Remer, Esq.

Name (Printed or typed)

28400 Northwestern Highway, Third Floor

Address

Southfield, MI 48034

City, State & Zip

(248) 827-1863

Daytime Telephone number

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

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

2011 DEC 13 PM 2:12

STATE DEPT. OF CORP. DIVISION OF CORP. DIVISION

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 DEC 13 PM 2:12

ARTICLE I NAME

The name of the corporation shall be: Industrial Opportunity Southeast Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
217 Nina Way
Oldsmar, Florida 34677

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the business of providing strategic and operational advice to manufacturing and value added distribution companies.

ARTICLE IV SHARES

The number of shares of stock is: 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicholas Galambos, President/Director
Address: 217 Nina Way
Oldsmar, Florida 34677

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: Nicholas Galambos
Address: 217 Nina Way
Oldsmar, Florida 34677

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Nicholas Galambos
Address: 217 Nina Way
Oldsmar, Florida 34677

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

By: _____

Required Signature/Registered Agent

12/12/11
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

12/12/11
Date