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2012 MAR 16 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 19 2012

COVER LETTER

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

SUBJECT: INEX INFORMATION SERVICES, 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: JOSEPH CILLO

Name (Printed or typed)

13907 N DALE MABRY HWY, SUITE 216

Address

TAMPA, FL 33618

City, State & Zip

813-963-0004

Daytime Telephone number

CANDIS@POWEREDBYINEX.COM

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: **INEX INFORMATION SERVICES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
13907 N DALE MABRY HWY
SUITE 216
TAMPA, FL 33618

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
BACKGROUND INFORMATION

ARTICLE IV SHARES

The number of shares of stock is **25,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH CILLO / PRESIDENT
Address: 13907 N DALE MABRY HWY
SUITE 216
TAMPA, FL 33618

Name and Title: _____
Address: _____

Name and Title: CANDIS COON / SECRETARY
Address: 13907 N DALE MABRY HWY
SUITE 216
TAMPA, FL 33618

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: JOSEPH CILLO
Address: 13907 N DALE MABRY HWY, STE 216
TAMPA, FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSEPH CILLO
Address: 13907 N DALE MABRY HWY, STE 216

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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

3/14/2012

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

3/14/2012

Date