

P12000029099

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE,
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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
IVDIAL, INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

T. Burch MAR 27 2012

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Corporate Filing Menu

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02/05/2030 01:00
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3/26/2012 11:18:20 AM PAGE 1/001 FAX SERVER #4914 P.002/003



March 26, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: IVDIAL, INC
REF: W12000016836

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 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.

If you have any further questions concerning your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX And. #: H12000077124
Letter Number: 812A00010147

P.O BOX 6327 - Tallahassee, Florida 32314

H12000077124

ARTICLES OF INCORPORATION

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

ARTICLE I NAME IVDIAL, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
Malecon Cisneros No 860
Miraflores, Lima-Peru

Mailing address, if different is:

411 NW 108 TERRACE UNIT 1
PEMBROKE PINES, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ana Margarita Gibson Leon (President) Name and Title: _____
Address: 411 NW 108 TERRACE UNIT 1 Address: _____
PEMBROKE PINES, FL 33026

Name and Title: Mariana Rivas (Secretary) Name and Title: _____
Address: 411 NW 108 TERRACE UNIT 1 Address: _____
PEMBROKE PINES, FL 33026

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

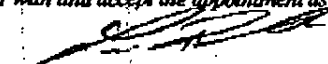
Name: Luis Rosales
Address: 5931 NW 173 Drive Ste9
Miami, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

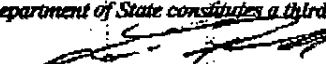
Name: Luis Rosales
Address: 5931 NW 173 Drive Ste9
Miami, FL 33015

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

2/17/2012
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

2/17/2012
Date

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