

P12000035587

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000098242 3)))



H120000982423ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850) 222-2666
Fax Number : (850) 222-1666

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 13 AM 10:28

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
IANACA, INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 13 PM 1:02

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers APR 16 2012

(((H12000098242 3)))

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: IANACA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
400 NORTH ASHLEY DRIVE, STE. 2200
TAMPA, FL 33602

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 200 shares with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW ANGELONE (PRESIDENT/DIRECTOR)
Address: 400 NORTH ASHLEY DRIVE, STE. 2200
TAMPA, FL 33602

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: MATTHEW ANGELONE
Address: 400 NORTH ASHLEY DRIVE, STE. 2200
TAMPA, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHELDON KLEGER, ESQ.
Address: 244 FIFTH AVENUE, 2ND FL.
NEW YORK, NY 10001

Having been named as registered agent to accept service of process for the above named 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

MATTHEW ANGELONE

Required Signature/Registered Agent

4-12-12

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.

SHELDON KLEGER, ESQ.

Required Signature/Incorporator

4-12-12

Date

(((H12000098242 3)))

2012 APR 13 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED