PAGE 01/02 Page 1 of 1

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.

(((H12000098463 3)))



To:		Plane	e relain orig	riani fii
10:	Division of Corporations	i in the	e initial out	in 168 111
	Fax Number : (850) 617-63	" date	of submissi	נוג מס
From:			TO THE PROPERTY OF	VII
	Account Name : C T CORPORA' Account Number : FCA000000002			·
	Phone : (850) 222-10			
	Fax Number : (850)878-53	68		
er the ama	il address for this business e	ntity to be	used for future	る
annual rep	RIDA PROFIT/NON PROFIT	mail address	piease.**	APR II
annual rep	ess:	mail address	prease.**	APR I
annual rep	RIDA PROFIT/NON PROFIT IntelsLead, Inc	mail address	prease.**	APR II
annual rep	RIDA PROFIT/NON PROFIT IntelsLead, Inc Certificate of Status	CORPORA	prease.**	APR I

Electronic Filing Menu

Corporate Filing Menu

Help

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

J. 810/73/2012 69:80 2102/61/00

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

ARTICLE I The name of the co	NAME rporation shall be: InteluLead, Inc.	·		
	PRINCIPAL OFFICE Principal street address 350 East Newport Center Drive Suite 101 Deerfield Beach, FL 33442		ress, if different is:	- -
ARTICLE III The purpose for w	PURPOSE hich the corporation is organized is:			•
for the transaction Corporation Act.	of any or all lawful business for which corpora	tions may be incorporated und	er the Florida General	
	SHARES es of stock is: 1000 shares, each share having a	par value of one cent (50.01) is	ssued to WebNet Holdings I	nc.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS Name and Title:		
Address:	1350 East Newport Center Drive Suite 101	Address:		- -
	Deorfield Bouch, FL 33442			- -
Name and Ti Address:	le:	Name and Title:Address:		- -
Name and Ti Address;	le;	Name and Title:		•
		***************************************		•
	REGISTERED AGENT kin street address (P.O. Box NOT acceptable) o	I'the renictered poont let	⋝ ₀ ;	26
Name:	C T Corporation System			2012
Address:	1200 South Pine Island Road		22	APR
	Plantation, Florida 33324.	-	₩ E	7 0
	INCORPORATOR		Vi -	$\overline{\omega}$
	ress of the Incorporator is:		in c	
Naine: Address:	Barbara A. Bucke 1200 S. Pine Island Road	-		3
AMD C#1	Plantation, FL 33324	-		<u> </u>
this certificate. I an	d as registered agent to accept service of process familiar with and accept the appointment as reg CT Corporation System			~
y Ban		ial Assistant Secretary	1-12-12-	•
	Required Signature/Registered Agent		Dute	
I submit this document to the De	nent and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am aware that the fals y as provided for in s.817,155, i	se information submitted in F.S.	u
\mathcal{L}	erlais abune		1-12-12-	
	Required Signature/Incorporator		Date	
	. •			

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