Page 1 of 1

Florida Department of State **Division of Corporations**

Electronic Filing Cover Sheet

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(((H120001410843)))



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Division of Corporations

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From:

Account Name

: F & S PROJECTS CORP

Account Number : I20120000041

Phone Fax Number : (954)482-9681 : (954)385-1050

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

Email Address: Cris@fandsprojects.com

FLORIDA PROFIT/NON PROFIT CORPORATION I-TECHNOLOGY SUPPLY INC.

| Certificate of Status | 1 |
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Corporate Filing Menu

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I- Technology Supply Inc.

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Fax Server



May 30, 2012

F & S PROJECTS CORP

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: I-TECHNOLOGY SUPPLY INC.

REF: H12000141084

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.

You must submit the articles of incorporation with your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Diane Cushing FAX Aud. #: H12000141084

Regulatory Specialist II Supervisor Letter Number: 912A00015501

COVER LETTER

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

| SUBJECT: 1- TECHI | NOLOGY SUP | PLY INC | | | |
|------------------------------|--|---|--|-----------------------------|--|
| | PROPOSED CORPORAT | e name – <u>Must inc</u> l | <u>Jude suffix</u>) | | |
| | | | | | |
| Enclosed are an original and | one (1) copy of the artic | les of incorporation and | d a check for: | 3 | |
| | 75 g Fee rtificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy | | |
| | | ADDITIONAL CO | & Certificate of Status OPY REQUIRED | | |
| | | | | - | |
| FROM: F&SP | ROJECTS CORP. | (Printed or typed) | <u> </u> | | |
| | , | (, , , , , , , , , , , , , , , , , , , | | <u>د</u> ک | |
| <u>1500 W</u> | ESTON ROAD | | | 2012 MAY 31 | |
| | A | ddress | E. E. | ∵ 35 ∀ − ₹ | ************************************** |
| WESTO | N, Fl. 33326 | | | ့ ယ | Annual Parket |
| | City, S | State & Zip | ر را المار را در المار | A | |
| <u>954-482</u> | 2.9681 | lephone number | | ထဲ | |
| CRIS@ | · | • | <u>.</u> | 5 5 | |
| <u> </u> | FANDSPROJECT -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 N The name of the corpo | AME pration shall | I-TECHNOLOGY SUPPL | Y INC. | | | |
|---|--------------------------------|--|-------------------|-----------------------------------|--------------------|---------------|
| ARTICLE II P | Principal | street address | | Mailing address, if different is: | | |
| 680 MM | <u>) NE 941h</u> AMI, FL 33 | STREET 138 US | | | | |
| | | | | | | |
| ARTICLE III P | | | | | | |
| The purpose for which ANY AND ALL | | ration is organized is: | | | | |
| AIT AITO ALL | LAWI OL | DOGINESS | | | | |
| | | | | | | |
| | | | | | | |
| ARTICLE IV S | <u>HARES</u> | | | | | |
| The number of shares | of stock is:1 | 000 | | | | |
| | | FICERS AND/OR DIRECTORS | | | | |
| Name and Title Address: | SILVA | JUAN P. PRESIDENT 64th STREET | Name and Title | | | |
| Address. | | EL 33138 US | | | | |
| | | , | - | | | |
| Name and Title | :MOREN | O CARLOS E VP | Name and Titl | le: | | |
| Address: | 680 NE | 64th STREET | Address: | | | |
| | LIMAIM | EL 33138 US | - | - | | |
| | | | - | | | |
| Name and Title | : | | Name and Titl | e: | | |
| Address: | | | _ Address: | | | |
| | | | • • | | | |
| ARTICLE VI R | EGISTER | ED AGENT | | | = | |
| | da street ad | dress (P.O. Box NOT acceptable) of | the registered ag | ent is: | 三 第 | 2012 MAY 3 |
| Name: | | PROJECTS CORP. | - | | Y. | <u>~></u> |
| Address: | 1500 \ WEST | VESTON ROAD ON, FL 33326 US | - | | | |
| | | , | - | | SS 45 | CO TOTAL |
| ARTICLE VII I | | | | | Щ.~ .~ | _ |
| The <u>name and addre</u> Name: | | NO CARLOS E | | | <u> </u> | |
| Address: | | 64th STREET | - | | | Carda - |
| • | MAM | FI 33138 | - - | | 57 | တ္ 🤃 |
| Uavino base named | ne vanistata | d agent to accept service of process | for the above s | lated corporat | | |
| this certificate, I am | familiar will | h and accept the appointment as regi | Stered agent and | i agree to act b | n this capacity | • |
| • | | | | | | |
| | | | | | 05/30/2012 Date | |
| | • | red Signature Registered Agent | | | ·- | |
| I submit this docum | ent and affi | rm that the facts stated herein are | true. I am awai | re that the fall | se information si | ubmitted in a |
| document to the Dep | artment of S | tate constitutes a third degree felony | as provided for | in 5.817.155, i | F.Q. | |
| | (Omi | of Homes. | | | 05/30/2012 | <u>)</u> |
| | Req | uired Signature/Incorporator | | | Da | |