

P13000042301

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

\*\*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  
INTERCIBUS CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	045
Estimated Charge	\$78.75

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\*RE-SUBMIT\*

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May 10, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: INTERCIBUS CORPORATION  
REF: W13000027549

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 registered agent must sign accepting the designation.

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.

Pamela Smith  
Regulatory Specialist II

FAX Aud. #: H13000105170  
Letter Number: 413A00011631

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**COVER LETTER**

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

**SUBJECT: INTERCIBUS CORPORATION**  
(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:** Gaye Greenwald/Norris, McLaughlin & Marcus  
Name (Printed or typed)  
721 Route 202-206, Suite 200  
Address  
Bridgewater, NJ 08807  
City, State & Zip  
908-722-0700  
Daytime Telephone number  
speck@intercibus.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**FILED**

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**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:

**INTERCIBUS CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

680 Solana Court, Marco Island, FL 34145

Mailing address, if different is:

P. O. Box 1907, Marco Island, FL 34146

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to transact any and all types of business for  
which corporations may be organized under the Florida corporate statutes.

**ARTICLE IV SHARES** 10,000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Fermo Jaekle, Director/President Name and Title: Stephanie Peck, Secretary/Treasurer

Address: P. O. Box 1907 Address: P. O. Box 1907  
Marco Island, FL 34146 Marco Island, FL 34146

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: CT Corporation System

Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kenneth D. Meskin/Norris, McLaughlin & Marcus

Address: 721 Route 202-206, Suite 200  
Bridgewater, NJ 08807

*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*

Connie Bryan 5/7/2013  
 Required Signature/Registered Agent Assistant Secretary 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.*

Kenneth D. Meskin 5/7/13  
 Required Signature/Incorporator Date