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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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
BEAR BARK INTEL INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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TALLAHASSEE FLORIDA

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: BEAR BARK INTEL INC
(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: JORGE A LOPEZ-ACCOUNTANT

Name (Printed or typed)

13701 SW 88 STREET SUITE 200A

Address

MIAMI FL 33186

City, State & Zip

305-388-8406

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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

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ARTICLE I NAME BEAR BARK INTEL INC
The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address:

Mailing address, if different is:

1600 SOUTH BAYSHORE LANE SUITE 9D
MIAMI FL 33133

1600 SOUTH BAYSHORE LANE SUITE 9D
MIAMI FL 33133

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY
PERMITTED BY THE LAWS OF THIS STATE.

ARTICLE IV SHARES
The number of shares of stock is: 100 shares with a par value of \$ 1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAMIAN STEPHENS-PRES
Address: 1600 SOUTH BAYSHORE LANE STE 9D
MIAMI FL 33133

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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Name and Title: _____ Name and Title: SECRETARY OF STATE
Address: _____ Address: TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: DAMIAN STEPHENS
Address: 1600 SOUTH BAYSHORE LANE STE 9D
MIAMI FL 33133

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DAMIAN STEPHENS
Address: 1600 SOUTH BAYSHORE LANE STE 9D
MIAMI FL 33133

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

X [Signature]
Required Signature/Registered Agent

07/30/13

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.

X [Signature]
Required Signature/Incorporator

07/30/13

Date

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