

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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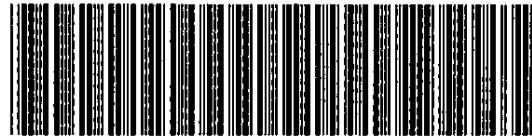
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: I.T. SUPPORT CONSULTANTS, 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: I.T. SUPPORT CONSULTANTS, INC

Name (Printed or typed)

120 SW 8th Av. Suite 605

Address

Miami, FL 33130

City, State & Zip

786 216 6815

Daytime Telephone number

it_consultants@hotmail.com

E-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 NAME

The name of the corporation shall be: I.T. Support Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

120 SW 8th Av. Suite 605

Miami, FL 33130

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide IT support, consulting, and technical services.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Carlos Rodriguez (P) Name and Title: Juan Carlos Rodriguez (VP)

Address: 120 SW 8th Av. Suite 605 Address: 120 SW 8th Av. Suite 605
Miami, FL 33130 Miami, FL 33130

Name and Title: Juan Carlos Rodriguez (S) Name and Title: _____

Address: 120 SW 8th Av. Suite 605 Address: _____
Miami, FL 33130 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: Juan Carlos Rodriguez

Address: 120 SW 8th Av. Suite 605

Miami, FL 33130

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Juan Carlos Rodriguez

Address: 120 SW 8th Av. Suite 605

Miami, FL 33130

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

Required Signature/Registered Agent

10/03/2013

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.

Required Signature/Incorporator

10/03/2013

Date

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