

P14000027323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

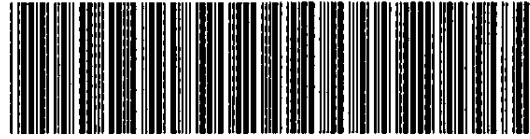
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 27 2014

J. BRYAN

COVER LETTER

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

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TALLAHASSEE FLORIDA

SUBJECT: ITS Professionals, 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: Bismarck Collantes
Name (Printed or typed)

4790sw 153rd terrace
Address

Miramar, Florida 33027
City, State & Zip

954-404-4409
Daytime Telephone number

bism1970@gmail.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: ITS Professionals, inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

4790sw 153rd terrace
Miramar, Florida 33027

Mailing address, if different is: _____

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Set up wireless network.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Bismarck Collantes/ President</u>	Name and Title:	_____
Address	<u>4790sw 153rd terrace</u>	Address:	_____
	<u>Miramar, Florida 33027</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(conti.)

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Bismarck Collantes
Address: 4790sw 153rd terrace
Miramar, Florida 33027

ARTICLE VII INCORPORATOR

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

Name: Bismarck Collantes
Address: 4790sw 153rd terrace
Miramar, Florida 33027

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

03/03/2014

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

03/03/2014

Date