

From:

04/17/2014 13:55

#939 P.001/003

Division of Corporations

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P14000034874

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES INC  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

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

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

RECEIVED

14 APR 17 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
INNEOX Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

4/18/14

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Corporate Filing Menu

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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: INNEOX Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6726 Royal Orchid Circle

Delray Beach, FL 33446

Mailing address, if different is:

6726 Royal Orchid Circle

Delray Beach, FL 33446

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

For any and all purposes for which a corporation may be formed.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 17 PM 2:10

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Tom Ingvaldstad (director)

Address: 6726 Royal Orchid Circle  
Delray Beach, FL 33446

Name and Title: Yngve Kristiansen (director)

Address: 6726 Royal Orchid Circle  
Delray Beach, FL 33446

Name and Title: Berte Helgestad (director)

Address: 6726 Royal Orchid Circle  
Delray Beach, FL 33446

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

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

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

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

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

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

From:

04/17/2014 13:55

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(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:

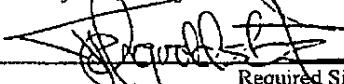
Name: Tom Ingvaldstad  
Address: 6726 Royal Orchid Circle  
Delray Beach, FL 33446

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

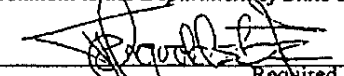
Name: Tom Ingvaldstad  
Address: 6726 Royal Orchid Circle  
Delray Beach, FL 33446

*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

4/17/2014  
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

4/17/2014  
Date