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Florida Department of State
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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
INTEC NETWORK SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FL 32309

8/25 cur

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: INTEC NETWORK SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
<u>11231 NW 20TH ST.</u>	<u>11231 NW 20TH ST.</u>
<u>UNIT 140-174</u>	<u>UNIT 140-174</u>
<u>DORAL, FL. 33172</u>	<u>DORAL, FL. 33172</u>

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Software and technology sales as well as technical and consulting services.

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ARTICLE IV SHARES
The number of shares of stock is: 1,000 SHARES • \$1.00 AT PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JACQUIN LOYUDICE, PR.</u>	Name and Title:	_____
Address	<u>11231 NW 20TH ST.</u>	Address:	_____
	<u>UNIT 140-174</u>		_____
	<u>DORAL, FL. 33172</u>		_____

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

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

(cont.)

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:

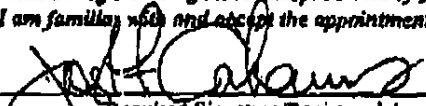
Name: CABANAS & ASSOCIATES, P.A.
Address: 10520 NW 26TH STREET - STE. C 201
DORAL, FL. 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES, P.A.
Address: 10520 NW 26TH ST. - STE. C 201
DORAL, FL. 33172


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

AUGUST 22, 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

AUGUST 22, 2014
Date