

PK4000094191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

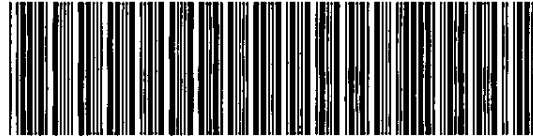
(Document Number)

Certified Copies _____

Certificates of Status _____

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COVER LETTER

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

SUBJECT: INTRINSIC INTERVENTIONS 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: KELLY R. BURDGE
Name (Printed or typed)

223 DOLPHIN COVE COURT
Address

BONITA SPRINGS, FL. 34134
City, State & Zip

614-205-8465
Daytime Telephone number

creativeaccountingsolutions@yahoo.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: **INTRINSIC INTERVENTIONS INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address: **223 DOLPHIN COVE COURT
DONITA SPRINGS, FL 34134**
Mailing address, if different is: **5549 EQUINOX DRIVE
NEW ALBANY, OHIO 43054**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARKETING OF MEDICAL TESTING DEVICES

ARTICLE IV SHARES

The number of shares of stock is: **1000 NO PAR COMMON**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **KELLY R. BURDGE (P)** Name and Title: _____
Address: **5549 EQUINOX DRIVE** Address: _____
NEW ALBANY, OHIO 43054

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

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:

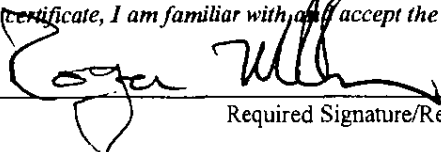
Name: **ROSE L. MILLER**
Address: **223 DOLPHIN COVE COURT
DONITA SPRINGS, FL 34134**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **KELLY R. BURDGE**
Address: **5549 EQUINOX DRIVE
NEW ALBANY, OHIO 43054**

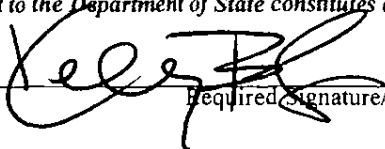
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10-20-14
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

11-4-14
Date