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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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11/26/14--01012--013 **78.75

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14 DEC 12 PM 1:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

1111-71696

MD 12/15

COVER LETTER

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

SUBJECT: i Assist 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: Celeste Peraza
Name (Printed or typed)

30290 Josie Billie Hwy Pmb 407
Address

Clewiston, Fl. 33440
City, State & Zip

954-263-8842
Daytime Telephone number

iAssistinc@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2014

CELESTE PERAZA
30290 JOSIE BILLIE HWY., PMB 407
CLEWISTON, FL 33440

SUBJECT: IASSIST. INC.
Ref. Number: W14000071696

We have received your document for IASSIST. INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 214A00025302

COVER LETTER

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

SUBJECT: _____

iAssist Services 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: _____

Celeste Peraza

Name (Printed or typed)

30290 Josie Billie Hwy PMB 407

Address

Clewiston, Fl. 33440

City, State & Zip

954-263-8842

Daytime Telephone number

iAssistinc @ yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: iAssist Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

31301 Wind Clan Rd
Clewiston, Fl. 33440

Mailing address, if different is:

30290 Josie Billie Hwy
PMB 407
Clewiston, Fl. 33440

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a service
to or for an individual or a company.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Celeste Peraza Name and Title: _____

Address: Chief Executive Officer Address: _____

31301 Wind Clan Rd

Clewiston, Fl. 33440

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Celeste Peraza
Address: 31301 Wind Clan Rd
Clewiston, Fl. 33440

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Celeste Peraza
Address: 31301 Wind Clan Rd
Clewiston, Fl. 33440

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

Celeste Peraza 11-24-14
Required Signature/Registered Agent / INCORPORATOR 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 Date