

Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
INTERPHASE N. A., INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

93714

15 MAY -4 PM 2:41

15 MAY -4 AM 11:10

Electronic Filing Menu

Corporate Filing Menu

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MAY 05 2014

T. SCOTT

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H15000108414

COVER LETTER

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

SUBJECT: INTERPHASE N. A., 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CHRISTOPHER HEAVEN
Name (Printed or typed)
6862 EAST LONGBOW BEND
Address
DAVIE, FL 33331
City, State & Zip
954-895-5069
Daytime Telephone number
CHRISKHEAVEN@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: INTERPHASE N. A., INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6862 EAST LONGBOW BEND

DAVIE, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER HEAVEN/PRESIDENT

Name and Title: _____

Address: 6862 EAST LONGBOW BEND

Address: _____

DAVIE, FL 33331

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

15 MAY -4 AM 11:40

FILED
MAY 15 2015
CLERK OF DISTRICT COURT
DAVIE, FLORIDA

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: CHRISTOPHER HEAVEN
Address: 6862 EAST LONGBOW BEND
DAVIE, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CHRISTOPHER HEAVEN
Address: 6862 EAST LONGBOW BEND
DAVIE, FL 33331

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

APRIL 30, 2015

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

APRIL 30, 2015

Date

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