

P160000037766

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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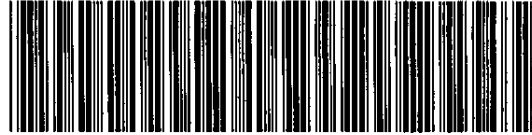
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 18 AM 11:23

COVER LETTER

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

16 APR 18 AM 11:23
FLORIDA STATE
SECRETARY OF
DIVISION OF CORPORATIONS

SUBJECT: We Are IT, 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: Kjartan Hrannarsson

Name (Printed or typed)

3409 NW 9TH AVE, Suite 1103

Address

Oakland Park, FL. 33309

City, State & Zip

954-533-9285

Daytime Telephone number

KJ@POWERMELLON.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: We Are IT, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

3409 NW 9TH AVE, suite 1103

Oakland Park, FL. 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We Are IT is a preffessional computer hardware and software reseller
and provides computer integration and repair services.

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn Oliva, CEO

Name and Title: Kjartan Hrannarsson, President

Address 3409 NW 9TH AVE, suite 1103
Oakland Park, FL. 33309

Address: 3409 NW 9th Ave, Suite 1103
Oakland Park, FL. 33309

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Kjartan Hrannarsson
Address: 3409 NW 9TH ave, suite 1103
Oakland Park, FL. 33309

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kjartan Hrannarsson
Address: 3409 NW 9TH AVE, suite 1103
Oakland Park, FL. 33309

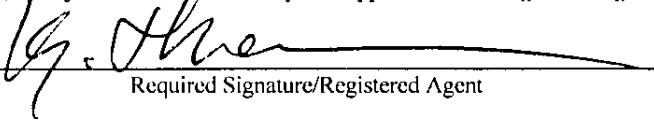
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04.12.2016. (OPTIONAL)

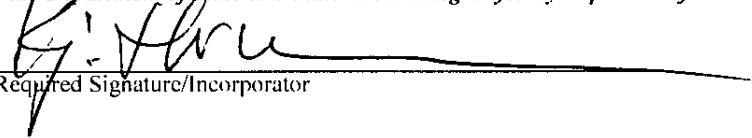
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 04.12.2016
Required Signature/Registered Agent 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.

 04.12.2016
Required Signature/Incorporator Date