

P16000040175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800285277888

05/02/16--01032--010 **70.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY -2 PM 4:48

m, m

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: INMO CABLE, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4219 SW 4 Street

Miami, Fl 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any business permitted in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lester Garcia, President

Address: 4219 SW 4 Street

Miami, Fl 33134

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lester Garcia

Address: 4219 SW 4 Street

Miami, Fl 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lily Gomez, C.P.A.

Address: 225 NE 34 St. - Suite 203

Miami, Fl 33137

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

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