Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000269247 3)))



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FLORIDA PROFIT/NON PROFIT CORPORATION INICC, INC

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Help



October 13, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: INICC, INC REF: W17000081646

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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DANIEL L O'KEEFE Regulatory Specialist II FAX Aud. #: E17000269247 Letter Number: 517A00020719

dis.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the co	AME proporation shall be:	INICC, INC	
	RINCIPAL OFFICE		
	Principal street address	Mailing addes	ss, if different is:
3752 W Coquina V	Way		sa, it different is:
Weston, Florida 3	3332		-
ARTICLE III PU The purpose for wh	URPOSE nich the corporation is organized is:	nercialization of Consulting Services, I	nformation Services.
Training and Certif	fication Scavices, Software as a Service (SaaS), Auditing Services	
			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
			· · · · · · · · · · · · · · · · · · ·
ARTICLE IV SH	ARES		, (S
The number of share	s of stock is:		
		_	
AKTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS		
Name and T	Fitle: Victor Daniel Rosenthal Presiden	t Name and Title:	<u></u>
Address	407 Lincoln Road		, .
	Suite 9A		
	Miami Beach, Florida 33139		
		_	- <u></u>
Name and Ti	Mariana Lischner Goldvarg Vice Pres	ident	
	3752 W Coquina Way	Name and Title:	
Address		Address:	
	Weston, Florida 33332		
Name and Tig	tle:	Name and Title:	
Address	0.		
	•	Address:	
		-	
			

Name	and Title:	Name and Title:	
Address			
		And Case	
ARTIC) E VI	Andrews		
The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	day seat.	
Name:	Luis G. Brito	te) or the registered agent is:	
Address:	407 Lincoln Road, Suite 9A		
	Miami Beach, Floride 33139		
<u>ARTICLE VII</u>	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Mariana Lischner Goldvarg		
Address;	3752 W Coquine Way	_	
	Weston, Florida 33332	_ _	
RTICLE VIII	EFFECTIVE		
HECHYE date. If I	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and are		
f an effective d. ing.)	ate is listed, the date must be specific and can	not be more than five days prior or 90 days after the	
te: If the date	Pagetted in this blook to		
document's of	fective date on the Department of State's records	le statutory filing requirements, this date will not be listed as	
iving been nam	ed as registered agent to accept aming		
s certificate, I a	in familiar with and accept the appointment as n	iss for the above stated corporation at the place designated in registered agent and agree to act in this corporation	
		10/9/2017	
←	Required Signature/Registered Agent	Date	
ument this document to the De	ment and affirm that the facts stated herein are partment of State constitutes a third degree felot		
	lavious Cololes	£ 10/9/2017	
r.eguire	o organitate/Incorporator	Date	