

P19 000036534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

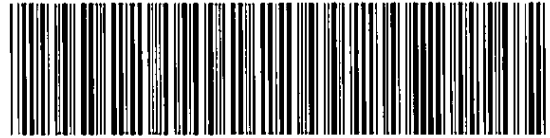
(Business Entity Name)

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FILED  
2019 MAY -2 PM 5:52  
TALLAHASSEE, FLORIDA  
05/03/19--010054-009 \*78.75

RECEIVED  
19 MAY -3 AM 10:50  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

MAY -3 2019  
C Kinsey

2915 Sharer Rd. 1221  
Tallahassee Florida 32312 2371  
Phone: 401 332 6269 [ipv6@mail.com](mailto:ipv6@mail.com)

Tallahassee, 05 03 2019

Department of State  
Division of Corporations  
2661 Executive Center Circle  
Clifton Building.  
Tallahassee, FL 32314 2661 USA.  
Phone: 850 245 6052  
[corphelp@dos.myflorida.com](mailto:corphelp@dos.myflorida.com)

Ref: Filing some profit articles of incorporation.

Dear Sirs.

Enclosed you will find some articles of incorporation to be filed with the corresponding fee.

Please send us all the document to our office as soon as they are ready.

If you have any question, please feel free to contact our offices.

Sincerely yours.

Silmary V Silva Morillo.  
SVSM/mms  
401 332 6269  
[ipv6@mail.com](mailto:ipv6@mail.com)

iPv6

## COVER LETTER

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

SUBJECT: iPv6, Corp.

(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: Pablo Lopez, M.  
Name (Printed or typed)

2915 Sharer Rd. 1224  
Address

Tallahassee, FL 32312-2371. USA.  
City, State & Zip

+1 401 744 4667 / +1 401 332 6269.  
Daytime Telephone number

ipv6@mail.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

iPv6, Corp.  
The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2915 Sharer Rd, 1224.

Tallahassee, FL 32312-2371. USA.

### ARTICLE III PURPOSE

All legitimate business in the United States.  
The purpose for which the corporation is organized is: \_\_\_\_\_

Purchase/sale of equipment, electrical and electronic spare parts, test equipment and telecommunications.

### ARTICLE IV SHARES

3000  
The number of shares of stock is: \_\_\_\_\_

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pablo Lopez, M. President.

Name and Title: \_\_\_\_\_

Address 2915 Sharer Rd, 1221.

Address: \_\_\_\_\_

Tallahassee, FL 32312-2371. USA.

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2013 MAY - 2 PM 5:52  
OFFICE OF THE  
CLERK OF THE  
COURT  
TALLAHASSEE, FL 32301

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: Pablo Lopez, M.  
Address: 2915 Sharer Rd. 1224.  
Tallahassee, FL 32312-2371. USA.

2013 MAY -2 PM 5:52  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: Silmary V. Silva  
Address: 2915 Sharer Rd. 1224  
Tallahassee, FL 32312-2371. USA.

**ARTICLE VIII EFFECTIVE DATE:** 05 / 02 / 2019

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

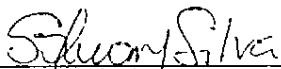


Required Signature/Registered Agent

05 / 03 / 2019

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

05 / 02 / 2019

Date