

P190000086295

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : PEDRO LOZQUINOS
Account Number : 520170000042
Phone : (954)555-8413
Fax Number : (954)432-0907

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUZQUINOS@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

IPC SMARTENG INC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: IPC SMARTENG 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: GABRIEL J. BLANCO

Name (Printed or typed)

8670 TAFT ST.

Address

PEMBROKE PINES, FL 33024

City, State & Zip

(954) 391-9963

Daytime Telephone number

PI.UZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H19 0003357183

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: IPC SMARTENG INC**ARTICLE II PRINCIPAL OFFICE**Principal street address8670 TAFT STPEMBROKE PINES, FL 33024

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GABRIEL J. BLANCO (P)Address 8670 TAFT ST.PEMBROKE PINES, FL 33024

Name and Title: _____

Address: _____

Name and Title: DAVID A. RUIZ (VP)Address 8670 TAFT STPEMBROKE PINES, FL 33024

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 NOV 19 4:50:03

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: GABRIEL J, BLANCO
Address: 8670 TAFT ST.
PEMBROKE PINES, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIEL J, BLANCO
Address: 8670 TAFT ST
PEMBROKE PINES, FL 33024

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

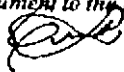


Required Signature/Registered Agent

11/15/2019

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

11/15/2019

Date

H190003357123