

P19000091676

(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



900338002949

12/13/19--01002--007 \*\*70.00

2019 DEC 12 PM 4:46

2019 DEC 12 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 DEC 12 PM 5:47

FILED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Intercash Chile Inc

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

\_\_\_\_\_  
Signature

Requested by:

\_\_\_\_\_  
Name                      Date                      Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

## COVER LETTER

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

SUBJECT: INTERCASH CHILE 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 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: MAGALY MENDOZA  
Name (Printed or typed)

10541 NW 66TH STREET  
Address

DORAL, FL. 33178  
City, State & Zip

305-305-3780  
Daytime Telephone number

MAGALY@GMAFLLC.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**

INTERCASH CHILE INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7700 N KENDALL DRIVE

OFFICE 300 -E

MIAMI, FL 33156

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: INTERCASH CHILE SPA-OFFICER

Address: LIBERTADOR BERNARDO O'HIGGINS No 949

OFFICE No 602

CIUDAD SANTIAGO, COMUNA SANTIAGO, REGION METROPOLITANA, CHILE

Name and Title: HENDERSON J SANGUINO- DIRECTOR

Address: LIBERTADOR BERNARDO O'HIGGINS No 949

OFFICE No 602

CIUDAD SANTIAGO, COMUNA SANTIAGO, REGION METROPOLITANA, CHILE

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: MAGALY MENDOZA

Address: 10541 NW 66TH STREET

DORAL, FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MAGALY MENDOZA

Address: 10541 NW 66TH STREET

DORAL, FL 33178

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

*Magaly Mendoza*

Required Signature/Registered Agent

12/01/2019

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.

*Magaly Mendoza*

Required Signature/Incorporator

12/01/2019

Date

FILED  
19 DEC 12 PM 5:47  
SECRETARY OF STATE  
TAMM HALL  
TALLAHASSEE, FL 32399