

P190000911676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

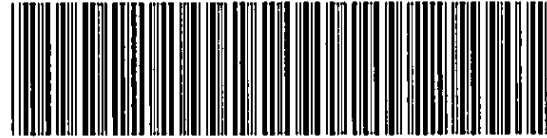
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$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 _____ Mailing address, if different is: _____
7700 N KENDALL DRIVE _____
OFFICE 300 -E _____
MIAMI, FL 33156 _____

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: <u>INTERCASH CHILE SPA-OFFICER</u>	Name and Title: <u>HENDERSON J SANGUINO- DIRECTOR</u>
Address: <u>LIBERTADOR BERNARDO O'HIGGINS No 949</u>	Address: <u>LIBERTADOR BERNARDO O'HIGGINS No 949</u>
<u>OFFICE No 602</u>	<u>OFFICE No 602</u>
<small>CIUDAD SANTIAGO, COMUNA SANTIAGO, REGION METROPOLITANA, CHILE</small>	<small>CIUDAD SANTIAGO, COMUNA SANTIAGO, REGION METROPOLITANA, CHILE</small>
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: 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

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TALLAHASSEE, FLORIDA

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 _____ 12/01/2019 _____
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.

Magaly Mendoza _____ 12/01/2019 _____
Required Signature/Incorporator Date