

P20000014898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

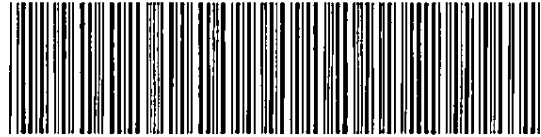
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/20/20--01001--004 **87.50

2020 FEB 19 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB 19 AM 11:21

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N CULLIGAN

FEB 20 2020

CAPITAL CONNECTION, INC.

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

Intra Investment, Inc.

Signature _____

Requested by: Seth

02/19/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ 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 _____

COVER LETTER

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

SUBJECT: Intra Investment, 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: John L. Whiteman
Name (Printed or typed)

104 Sea Gate Main Street
Address

St. Augustine, FL 32080
City, State & Zip

904-495-0400
Daytime Telephone number

stevefouad@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Intra Investment, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9327 Gotha Road

Windermere, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all lawful purposes in which a corporation may engage under the laws of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fouad S. Ashdji, President

Name and Title: _____

Address 9327 Gotha Road
Windermere, FL 34786

Address: _____

Name and Title: Fouad S. Ashdji, Secretary

Name and Title: _____

Address 9327 Gotha Road
Windermere, FL 34786

Address: _____

Name and Title: Fouad S. Ashdji, Treasurer

Name and Title: _____

Address 9327 Gotha Road
Windermere, FL 34786

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: John L. Whiteman
Address: 104 Sea Grove Main Street
St. Augustine, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John L. Whiteman
Address: 104 Sea Grove Main Street
St. Augustine, FL 32080

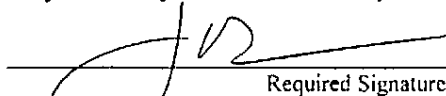
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 19, 2020 (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.

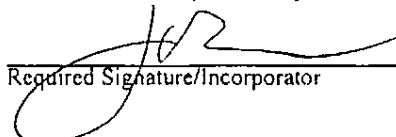
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

February 19, 2020
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

February 19, 2020
Date

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SECRETARY OF STATE
TALLAHASSEE, FL

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