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

From: Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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2020 JUL -2 PM 4:54
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION

Integrated Solutions Way Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2020 JUL -2 PM 12:58

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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: Integrated Solutions Way Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
4400 NW 79th Ave Apt 317

Mailing address, if different is:

Doral, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Purpose

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CLERK OF DISTRICT COURT
DADE COUNTY FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ana M Marquez De Espinoza - President Name and Title: _____

Address 4400 NW 79th Ave Apt 317 Address: _____

Doral, FL 33166

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Alex Pina Co
Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ana M Marquez De Espinoza
Address: 4400 NW 79th Ave Apt 317
Doral, FL 33166

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
07/01/2020
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.

Ana Maria M
Required Signature/Incorporator
07/01/2020
Date