

P2 0000065912
Florida Department of State
Division of Corporations
Electronic Filing Center

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000296717 3)))



H200002967173ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

RECEIVED
2020 AUG 26 PM 4:34
CORPORATIONS
SERVICES

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ILINE PHONES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2020 AUG 26 PM 2:48
STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

I Line Phones Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

321 NW 19 Ave Miami FL 33125

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Enrique Garcia Rosello (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Enrique Garcia Rosello

321 NW 19 Ave miami FL 33125

2020 AUG 26 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FL

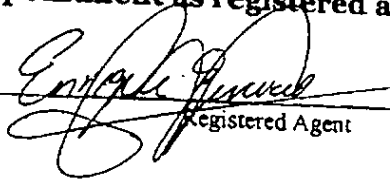
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Enrique Garcia Rosello

321 NW 19 Ave miami FL 33125

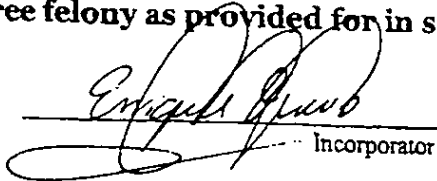
Required Signatures:

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


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.


Incorporator

_____ Date

FILED
2020 AUG 26 PM 2:48
DEPARTMENT OF STATE
TALLAHASSEE, FL