

P200000 91627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

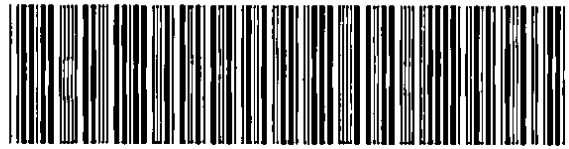
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300355821363

11/30/20--01004--021 ♦♦71.01

2020 NOV 30 PM 2:16

RECEIVED

2020 NOV 30 PM 3:22

RECEIVED

NOV



**Department of State**

**Division of Corporations**

**Stealth Courier LLC**

**1531 Commonwealth Business Dr.**

**Ste 105**

**Tallahassee, Fl. 32303**

**850-294-5632**

## **Stealth Courier Box**

**Company: I-Com Solutions Inc.**

**Requester: Corp Services Int.**



**Department of State**

**Division of Corporations**

**Stealth Courier LLC**

**1531 Commonwealth Business Dr.**

**Ste 105**

**Tallahassee, Fl. 32303**

**850-294-5632**

## **Stealth Courier Box**

**Company: I-Com Solutions Inc.**

**Requester: Corp Services Int.**

## COVER LETTER

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

**SUBJECT: I-COM SOLUTIONS 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: CORP SVCS INTL**

Name (Printed or typed)

**7050 W PALMETTO PARK ROAD.#15-300.**

Address

**BOCA RATON FL 33433**

City, State & Zip

**561 403 9084**

Daytime Telephone number

**OPERATIONS@CORPSVCSINTL.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**

The name of the corporation shall be: I-COM SOLUTIONS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2499 GLADES ROAD.

SUITE 107.

BOCA RATON FL 33431

Mailing address, if different is:

7050 W PALMETTO PARK RD.

#15-300.

BOCA RATON FL 33433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

INTL PROCUREMENT & LOGISTICS OF IT EQUIPMENT, GOODS & SUPPLIES

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

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

MARTINEZ, JUAN C /

Name and Title: PRESIDENT

7050 W PALMETTO PARK

Address RD #15 300.

BOCA RATON FL 33433

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

2020 NOV 30 PM 3:22

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: CARLA MARCELO  
Address: 7050 W PALMETTO PARK RD. #15-300.  
BOCA RATON FL 33433

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA CAMPANA  
Address: 7050 W PALMETTO PARK ROAD. #15-300.  
BOCA RATON FL 33433

**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.)

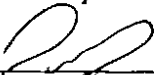
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

NOVEMBER 26, 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

NOVEMBER 26, 2020  
Date