## Florida Department of State **Division of Corporations**

**Electronic Filing Cover Sheet** 

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.

(((H21000335372 3)))



H210003353723ABC-

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*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 INTERCAP CORP

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

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

ARTICLE I NAME: The name of the corporation is:

Intercap Corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1951 Nw South River Dr Apt 502	
Miami, FL 33125	
	<b>(</b>
ARTICLE III SHARES: The number of shares of stock is: 100	·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Juan Sebastian Perdomo Hurtado (P)	
	<b>_</b>
	_
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES  The name and Florida street address (PO Box not acceptable) of the registered age	
Juan Sebastian Perdomo Hurtado	
1951 Now South River Dr Apt 502	
Miami, FL 33125	
19/10/11 , 1 L 35/25	
ARTICLE VI INCORPORATOR: The name and address of the Incorporat	or is:
Juan Sebastian Perdomo Hurtado	
1951 NW South River Dr Apt 502	
Miami, FL 33125	

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

Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware th the false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, E.8.

Date