

P23000009590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

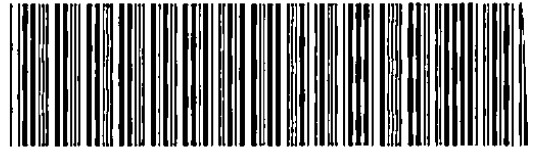
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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02/08/23--01002--007 **7

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FEB 7 2023 3:45 PM

FILED
SECRETARY OF STATE
TALLAHASSEE, FL
FEB 7 2023 11:02 AM

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 02/07/2023

- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- XX** **FILING** ARTICLES _____

1. INTAPOL FARGO SECURITY PRODUCTS INC.

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: INTAPOL FARGO SECURITY PRODUCTS INC.

ARTICLE II PRINCIPAL OFFICE Principal street address

Mailing address, if different is:

9801 Collins Ave Ste 4Z

Bal Harbour FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

2023 FEB - 7 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM MARTIN - President

Name and Title: CAROL BLUMENFELD - Vice Presidents

Address 9801 Collins Ave Ste 4Z

Address: 9801 Collins Ave Ste 4Z

Bal Harbour FL 33154

Bal Harbour FL 33154

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: WILLIAM MARTIN
Address: 9801 Collins Ave Ste 42
Bal Harbour FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROL BLUMENFELD
Address: 9801 Collins Ave Ste 42
Bal Harbour FL 33154

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

William Martin
Required Signature/Registered Agent

02/07/23
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.

Carol Blumenfeld
Required Signature/Incorporator

02/07/23
Date

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TALLAHASSEE, FL