

P23000012380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

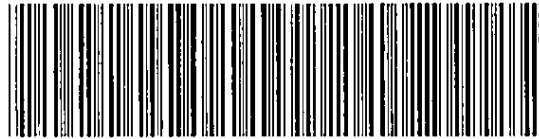
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

al Instructions to Filing Officer:

Office Use Only



600402668136

S. CHATHAM  
FEB 16 2023

FILED

2023 FEB 16 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 FEB 15 PM 3:51

REGISTRAR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: INTELLICONNECT, INC.  
Ref. Number: W23000021296

We have received your document for INTELLICONNECT, INC.. However, the document has not been filed and is being returned for the following:

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please ensure the name of the business acting as Registered Agent reflects the business active in our records completely, including the suffix.,

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 223A00003741

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 70.00

AUTHORIZATION SIGNATURE: 

Intelliconnect, Inc.

**Business Name**

**Document Number, (if known):**

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of the Articles of Organization**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ **CORP**

☐ **PLLC**

**AMMENDMENTS**

☐ Amendment

☐ Designation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ **Conversion**

☐ **Amended and restated Articles**

☐ **Statement of Authority**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE() ☐  
**Country**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Intelliconnect, 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:** Intelliconnect, Inc

Name (Printed or typed)

6247 Seminole Blvd Suite 400

Address

Seminole FL 33772

City, State & Zip

888-650-3738

Daytime Telephone number

Otherdocsforus@gmail.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: Intelliconnect, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6247 Seminole Blvd Suite 400

6247 Seminole Blvd Suite 400

Seminole FL 33772

Seminole FL 33772

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The company primarily engages in providing infrastructure for hosting or data processing services.

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TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CEO- Ronald Allen II

Name and Title: CFO- Ronald Allen II

Address 6247 Seminole Blvd Suite 400  
Seminole FL 33772

Address: 6247 Seminole Blvd Suite 400  
Seminole FL 33772

Name and Title: Director- Ronald Allen II

Name and Title: Secretary- Ronald Allen II

Address 6247 Seminole Blvd Suite 400  
Seminole FL 33772

Address: 6247 Seminole Blvd Suite 400  
Seminole FL 33772

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: Legacy RA Group, Inc

Address: 2330 CLARE DR

TALLAHASSEE, FL 32309

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ronald Allen II

Address: 6247 Seminole Blvd Suite 400

Seminole FL 33772

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**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

2/15/2023

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.*

Ronald Allen II

Required Signature/Incorporator

2/15/2023

Date