

24 19 1995 10:27 PM
((H95000001495))
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000
FROM: MIDSTATE LEGAL SUPPLY CORP.
4435 OLD WINTER GARDEN RD
ORLANDO FL 32811
CONTACT: DAVID ALMEIDA
PHONE: (407) 289-8220
FAX: (407) 291-8912

((H950000001495))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: INTELLIGENT MULTIMEDIA, INC.
FAX AUDIT NUMBER: H95000001495
DATE REQUESTED: 02/08/1995
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TALLAHASSEE, FLORIDA

195-2761

818 Rd 5-11160

FEB-03-1995 (M155)

MIDSTATE/EXCELSIOR

407 291 6912 P.01/03



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 7, 1995

MIDSTATE LEGAL SUPPLY CORP.

ORLANDO, FL

SUBJECT: INTELLIGENT MULTIMEDIA, INC.
REF: W95000002701

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

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Loria Poole
Corporate Specialist

FAX Aud. #: H95000001495
Letter Number: 395A00005175

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

Attn:
JERRI

RECEIVED FEB 07 1995

AUDIT #H95000001495
Articles of Incorporation of
INTELLIGENT MULTIMEDIA, INC.

The undersigned sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXXV, Chapter 607 of the revised Florida Statutes, herewith submits the following information:

1. The name of the corporation is:
INTELLIGENT MULTIMEDIA, INC.
2. The duration of the corporation shall be perpetual.
3. The general purpose or purposes for which this corporation is being formed are to include the transaction of any or all lawful business for which corporations may be incorporated under this chapter.
4. The aggregate number of shares which the corporation shall have authority to issue is 1,000 shares, all without par value and of one class.
5. The principal address and mailing address of the corporation will be
5555 W. Flagler St.; Coral Gables, FL 33126
6. The name of its initial registered agent is MIDSTATE LEGAL SUPPLY CORP. Its address is: 4435 Old Winter Garden Rd., Orlando FL 32811.
7. The number of directors constituting the initial board of directors is one and the name and address of the person who is to serve as a member thereof is as follows:

Alex Amor; 5555 W. Flagler St.; Coral Gables, FL 33126

8. The name and address of the sole incorporator is: **DAVID ALMEIDA, c/o MIDSTATE LEGAL SUPPLY CORP., 4435 Old Winter Garden Rd., Orlando, FL 32811, (407) 299-8220.**

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this corporation has executed these Articles of Incorporation.
 Dated:

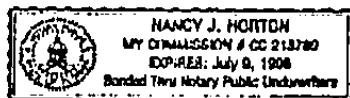
February 6, 1995

David Almeida
 DAVID ALMEIDA
 Incorporator

STATE OF FLORIDA
 COUNTY OF ORANGE

I HEREBY CERTIFY, that on this day, before me, a Notary Public duly authorized in the state and county named above to take acknowledgements personally appeared DAVID ALMEIDA, known to me to be the person described as the subscriber in and who executed the foregoing Articles of Incorporation and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the county and State named on



Nancy J. Horton
 Notary Public

I, the undersigned, hereby accept appointment as Resident Agent of the above noted corporation.

DAVID ALMEIDA
 c/o MIDSTATE LEGAL SUPPLY CORP.
 4435 Old Winter Garden Rd.
 Orlando, FL 32811
 (407) 299-8220

AUDIT #H95000001495

David Almeida
 DAVID ALMEIDA
 Assistant Secretary
 MIDSTATE LEGAL SUPPLY CORP.

P-1-10

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

REMOVED
AND
FILED

96 OCT 30 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010492

1. Corporation Name

INTELLIGENT MULTIMEDIA, INC.

Principal Place of Business

5555 W. FLAGLER ST.
CORAL GABLES FL 33126

Mailing Address

5555 W. FLAGLER ST.
CORAL GABLES FL 33126

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1995

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FCI Number

59-2332872

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	AMOR, ALEX	5555 W. FLAGLER ST.	CORAL GABLES FL 33126

100001996341--1
-11/05/96--01121--025
*****375.00 *****375.00

59-114

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMOR, ALEX
5555 W. FLAGLER ST.
CORAL GABLES FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Alex Amor

REGISTERED AGENT MUST SIGN

Date

10/22/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Amor

Date

Daytime Phone #

9/16/96 305 266-2000

CR2040 (7/96)