

P95000037337

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MAY 11 AM 9:48
TALLAHASSEE, FLORIDA

S-01-95

Don Gonzalez P.A.

9050 Pines Blvd. #450

Pembroke Pines FL 33024

432-1699

VALIDATION ONLY

700001470687
-05/02/95--01078--013
****122.50 ****122.50

CORPORATION(S) NAME

INFO / SIS CORPORATION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

Handwritten signature/initials

W95-9229
cd678
cd502
cd671

Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 2, 1995

EMPIRE

TALLAHASSEE, FL

SUBJECT: INFO/SIS CORPORATION
Ref. Number: W95000009229

RECEIVED
MAY 11 1995
SECRETARY OF STATE
TALLAHASSEE, FL

We have received your document for INFO/SIS CORPORATION and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 995A00020979

CERTIFICATE OF INCORPORATION

OF

Info/SIS Technologies Corporation

The undersigned subscribers to these articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I

NAME

The name of this corporation is Info/SIS Technologies Corporation

ARTICLE II

GENERAL NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a nominal or par value of One (\$1.00) Dollar per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV

INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.

ARTICLE V

TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI

ADDRESS

The initial office address of the principal office of this corporation in the State of Florida is 1000 Ponce De Leon, Suite 318, Coral Gables, Florida 33134. The Board of Directors may from time to time move the principal office to another address in Florida.

ARTICLE VII

DIRECTORS

This corporation shall have not less than one director, however, the number of directors may be increased or diminished from time to time By-laws adopted by the stockholders, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

The names and post office addresses of the members of the first Board of Directors is:

Office	Name	Address
President	Omar Rodriguez	4877 NW 97th Place Miami, Fl. 33178
Secretary/Treasurer	Vicente de la Cruz	2190 SW 1st Avenue Miami, Fl. 33129

ARTICLE IX

SUBSCRIBER

The name and post office address of the subscriber of these articles of incorporation, the number of shares of stock that he agree to take and the value of the consideration therefore is:

Name	Address	Shares	Consideration
Omar Rodriguez	4077 NW 97th Place Miami, Fl. 33178	110	\$110.00
Vicento de la Cruz	2190 SW 1st Avenue Miami, Fl. 33129	30	\$30.00

ARTICLE X

AMENDMENT

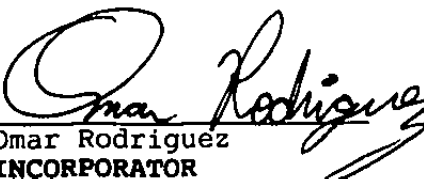
These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders' meeting by two thirds of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation made.

ARTICLE XI

REGISTERED OFFICE AND REGISTERED AGENT

That Info/SIS Corporation, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the City of Coral Gables, the County of Dade, State of Florida, hereby designates Omar Rodriguez as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 1000 Ponce De Leon Suite 318, Coral Gables, Florida 33134.

WITNESS the hand and seal of the incorporators in Broward County, State of Florida, this 1st day of MAY, 1995.


Omar Rodriguez
INCORPORATOR

STATE OF FLORIDA)
) SS:
COUNTY OF Broward)

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, that Omar Rodriguez, who is personally known to me/who presented the following identification PERSONALLY KNOWN and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and seal at , Broward County, Florida this
5th day of May, 1995.

Danilo Gonzalez
Notary Public

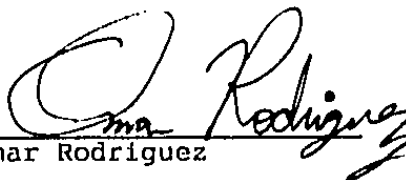


**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY
BE SERVED**

In compliance with Section 48.091, Florida Statutes, the following is submitted:

FIRST: That Info/SIS Corporation, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Coral Gables, State of Florida, has named Omar Rodriguez, as its Agent to accept service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Omar Rodriguez

Date: May 1st, 1995

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is Info/SIS Technologies Corporation
2. The name and address of the registered agent and office is:

Omar Rodriguez

1000 Ponce De Leon
Suite 318
Coral Gables, Fl. 33134

Omar Rodriguez
Omar Rodriguez

Date: May 1, 1995

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Omar Rodriguez
Omar Rodriguez

Date: MAY 1, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037358

1. Corporation Name

Info/sis Technologies Corporation

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3191 Coral Way
Suite 115
Miami, FL 33145

same

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 Address, if Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 11, 1995

5. FET Number

050-58-0624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

2/9/97

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
PN/FL	Omar Rodriguez	(Home) 448 Palmetto Drive	Miami Springs, FL 33146

900001961209
-10/11/96--11/24--11/7
****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Omar Rodriguez
1000 Ponce de Leon
Suite 318
Coral Gables, FL 33134

Name Omar Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
3191 Coral Way
Suite, Apt. #, Etc.
Suite 115
City Miami
State FL Zip Code 33145

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

Omar Rodriguez

REGISTERED AGENT MUST SIGN

Date 9/13/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Omar Rodriguez / Omar Rodriguez 9/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 854-1164

Daytime Phone #

CR2040 (12-95)