

D97000041344
TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -5 AM 10:54

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

SUBJECT: INTEGRATED NETWORKS, INC.
(Proposed corporate name - must include suffix)

000002166210--1
-05/05/97--01112--015
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LISA Mittleman
Name (Printed or typed)

120 Reserve Circle #104
Address

Driedo, FL 32765
City, State & Zip

907-366-7676
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

D. BROWN MAY - 9 1997

ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Integrated Networks, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10151 University Blvd., Suite 320
Orlando, FL 32817

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lisa Mittelman
120 Reserve Circle, #104
Orlando, FL 32765

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

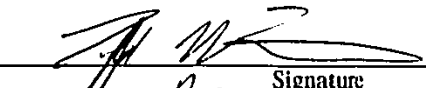
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

VP/D - Todd Mittleman, 2461 JENNIFER HOPE BLVD. LONGWOOD, FL 32779
P/D - Lisa Mittleman 120 Reserve Circle #104 Oviedo, FL 32765


The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of May, 1997.

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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 Integrated Networks, Inc

2. The name and address of the registered agent and office is:

Lisa Mittleman
(NAME)

120 Reserve Circle #104
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Orlando, FL 32765
(CITY/STATE/ZIP)

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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.


(SIGNATURE)

5-2-97
(DATE)