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# P99000309

# Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : JIM SIERRA & ASSOCIATES

Account Number: 110677000356
Phone: (305)271-7310
Fax Number: (305)271-4422

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# FLORIDA PROFIT CORPORATION OR P.A.

INTELINSURANCE, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | î       |
| Page Count            | 06      |
| Estimated Charge      | \$78.75 |

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FROM: TAXSMART INC JIM SIERRA ASSOC PHONE NO.: 305 271 4422

Jan. 11 1999 07:09PM P2

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# ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

- OF -

# INTELINSURANCE, INC.

I, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

#### ARTICLE I

The name of this corporation shall be:

### INTELINSURANCE, INC.

#### **ARTICLE II**

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**

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is ONE HUNDRED (100) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

#### **ARTICLE IV**

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE HUNDRED (\$100,00) DOLLARS.

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Prapared by: JIM SIERRA & ASSOCIATES 9290 SUNSET DR STE 105 MIAMI, FL 33173 TEL. (305) 271-310 FAX. (305) 271-4422 ((H99000000819 5))

#### ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

#### ARTICLE VI

The initial street address of the principal office of the corporation shall be:

13480 SW 97<sup>TH</sup> PL MIAMI, FL 33176

#### **ARTICLE VII**

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

#### ARTICLE VIII

The name and street address of the member of the first Board of Directors of this corporation are as follows:

| MARIO PELEGRI                 | 13480 SW 97 <sup>TH</sup> PL |
|-------------------------------|------------------------------|
| President/Secretary           | MIAMI, FL 33176              |
| JORGE LUIS MARISTANY QUINONES | 13480 SW 97 <sup>TH</sup> PL |

#### ARTICLE IX

MIAMI, FL 33176

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

MARIO PELEGRI 13480 SW 97<sup>TH</sup> PL Pres/Scy MIAMI, FL 33176

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V-President/Treasury

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#### ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned MARIO PELEGRI, being natural person(s), competent to contract, have here unto set his/their hands and seal this, January 11, 1999.

MARIO PELEGRI

Prepared by: JIM SIERRA & ASSOCIATES 9290 SUNSET DR STE 105 MIAMI, FL 33173 TEL. (305) 271-7310 FAX. (305) 271-4422 ((H9900000819 5))

# STATE OF FLORIDA) S.S. COUNTY OF <u>DADE</u>)

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared MARIO PELEGRI, known and known to me, to be the person(s) described herein and who executed the foregoing Article of Incorporation, and he/she/they acknowledged before me that he/she/they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this January 11, 1999.

JIM SIERRA 6 COMMISSION # CC 672786 EXPIRES OCT 7, 2001 BONDED THRU ATLANTIC BONDING CO., INC.

My commission expires:

Prepared by: JIM SIERRA & ASSOCIATES 9290 SUNSET DR STE 105 MIAMI, FL 33|73 TEL. (305) 271-73|0 FAX. (305) 271-4422

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#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

| IN COMPLIANCE W  | /ITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:                                      |
|------------------|----------------------------------------------------------------------------------------------------------|
| FIRST THAT:      | INTELINSURANCE, INC.                                                                                     |
| WITH ITS PLACE O | F BUSINESS AT 13480 SW 97 <sup>TR</sup> PL MIAMI, FL 33176                                               |
| HAS NAMED        | MARIO PELEGRI (Name of registered Agant)                                                                 |
| LOCATED AT       | 13480 SW 97 <sup>TH</sup> PL (Street modress and number of building - PO Box address ARE NOT acceptable) |
|                  | , STATE OF FLORIDA AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN                                      |
| FLORIDA.         | SIGNATURE (Corporate Officer) MARIO PELEGRI                                                              |
|                  | TITLE President/Scy                                                                                      |
|                  | DATE January 11, 1999                                                                                    |

I, HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

(Registered Agent) MARIO PELEGRI

DATE January 11, 1999

JAN 12 AM

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