

99000060164

TRANSMITTAL LETTER

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

400002901514--2  
-06/11/99--01029--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Subject

IT INDUSTRIES  
~~InfoTech~~ Corp., Inc.

(Proposed corporate name - must include suffix)

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 and Certificate

From: Irma Benalcazar  
Name (printed or typed)  
  
9075 NW 45 Street  
Address  
  
Sunrise, FL 33351  
City, State & Zip  
  
(954) 578-9014  
Daytime Telephone number

FILED  
1999 JUL -2 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

R. Purinton JUL 06 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 14, 1999

IRMA BENALCAZAR  
9075 NW 45 ST  
SUNRISE, FL 33351

SUBJECT: INFO TECH CORP., INC.  
Ref. Number: W99000013839

We have received your document for INFO TECH CORP., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6929.

Randall Purintun  
Document Specialist

Letter Number: 599A00031956

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Articles Of Incorporation**

**Of**

IT Industries, Inc.

*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: IT Industries, Inc.

**Article II - Principal Office**

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

Business Address:  
9075 NW 45 Street  
Sunrise, FL 33351

Mailing Address:  
SAME

**Article III - Shares**

The number of shares of stock that this corporation is authorized

**100 shares, no par value.**

**Article IV - Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:

Irma Benalcazar  
9075 NW 45 Street  
Sunrise, FL 33351

**Article V - Incorporator(s)**

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

**Irma Benalcazar  
9075 NW 45 Street  
Sunrise, FL 33351**

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

25th day of May, 19 99

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35.00**

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

PRESENT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: IT Industries, Inc.

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

Irma Benalcazar

Name (printed or typed)

9075 NW 45 Street

Address

Sunrise, FL 33351

City, State & Zip

(954) 578-9014

Daytime Telephone number

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)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

\$35.00 Designation of Registered Agent Fee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED