

OFFICE USE ONLY (Document #)

LATRUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002926374--2

-07/08/99--01059--014

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. INTER SUPPLIES CORPORATION  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

# ARTICLES OF INCORPORATION

*The undersigned incorporate(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:

**INTER SUPPLIES CORPORATION**

## ARTICLES II PRINCIPAL OFFICE

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

**5497 NW 105TH COURT  
MIAMI, FL 33178**

## ARTICLES III SHARES

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

**500 SHARES \$ 1.00 PAR VALUE**

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**KERLY M. CHIRINOS  
5497 NW 105TH COURT  
MIAMI, FLORIDA 33178**

**FILED**  
99 JUL -8 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES V INCORPORATE(S)**

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

ALFONSO L. CHIRINOS  
5497 NW 105TH COURT  
MIAMI, FLORIDA 33178

PRESIDENT, SECRETARY, DIRECTOR

KERLY M. CHIRINOS  
5497 NW 105TH COURT  
MIAMI, FLORIDA 33178

TREASURER, DIRECTOR


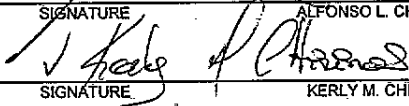
**ARTICLE VI DIRECTOR(S)**

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

ALFONSO L. CHIRINOS  
5497 NW 105TH COURT  
MIAMI, FLORIDA 33178

KERLY M CHIRINOS  
5497 NW 105TH COURT  
MIAMI, FLORIDA 33178

The undersigned incorporate(s) has(have) executed these Articles of Incorporation this 6TH day of JULY, 1999

✓		_____
SIGNATURE	ALFONSO L. CHIRINOS	PRESIDENT, SECRETARY, DIRECTOR
✓		_____
SIGNATURE	KERLY M. CHIRINOS	TREASURER, DIRECTOR
_____		
SIGNATURE		

**Articles of Incorporation**

**Filing Fee - \$35.00**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607 .051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

**INTER SUPPLIES CORPORATION**


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

KERLY M. CHIRINOS  
(Name)

5497 NW 105TH COURT  
(PO Box not acceptable)

MIAMI, FLORIDA 33158  
(City/State/Zip)

*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.*

  
KERLY M. CHIRINOS (Signature)

07/06/99  
(Date)

**FILED**  
99 JUL -8 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314