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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



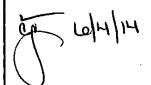
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: DIGOES CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
Filing Fee	Filing Fee	Filing Fee	Filing Fee,			
	& Certificate of Status	& Certified Copy	Certified Copy			
			& Certificate of			
			Status			

FROM:	DIANA CAMACHO
i KOWI.	Name (Printed or typed)
	14763 SW 155 PL
	Address
	MIAMI, FL 33196
	City, State & Zip
	786 382-7402
,	Daytime Telephone number
	digoes1@yahoo.com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

59

RTICLE I NAME of the corporate	tion shall be: DIGOES CORP	FILED
RTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if different is APY OF STA
4763 SW 15	5th PL	TALLAHASSEE, FLOR
IIAMI, FL 33	196	•
RTICLE III PUR purpose for which t	POSE he corporation is organized is:	RAL BILLING AND PAYROLL
· · · · · · · · · · · · · · · · · · ·		
RTICLE IV SHA	LRES 100 COMMON STOCK NON BAR W	ALLIE
RTICLE IV SHA		ALUE
e number of shares of		
e number of shares of	stock is: TIAL OFFICERS AND/OR DIRECTOR	<u>. </u>
e number of shares of	stock is: TIAL OFFICERS AND/OR DIRECTOR	
e number of shares of RTICLE V INT Name and Title	stock is: TIAL OFFICERS AND/OR DIRECTOR: DIANA CAMACHO, PRES/VP/TREA/SEC	S Name and Title:
e number of shares of RTICLE V INT Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS DIANA CAMACHO, PRES/VP/TREA/SEC 14763 SW 155th PL MIAMI, FL 33196	S Name and Title: Address:
e number of shares of RTICLE V INT Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS DIANA CAMACHO, PRES/VP/TREA/SEC 14763 SW 155th PL MIAMI, FL 33196	S Name and Title:
e number of shares of RTICLE V INT Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS DIANA CAMACHO PRES/VP/TREA/SEC 14763 SW 155th PL MIAMI, FL 33196	Name and Title: Address: Name and Title:
Name and Title: Name and Title:	TIAL OFFICERS AND/OR DIRECTORS DIANA CAMACHO PRES/VP/TREA/SEC 14763 SW 155th PL MIAMI, FL 33196	Name and Title: Address: Name and Title:
Name and Title: Address Address	TIAL OFFICERS AND/OR DIRECTORS DIANA CAMACHO, PRES/VP/TREA/SEC 14763 SW 155th PL MIAMI, FL 33196	Name and Title: Address: Name and Title: Address:
Name and Title: Address Name and Title: Address	TIAL OFFICERS AND/OR DIRECTORS DIANA CAMACHO, PRES/VP/TREA/SEC 14763 SW 155th PL MIAMI, FL 33196	Name and Title: Address: Name and Title: Address:
Name and Title: Address Address	TIAL OFFICERS AND/OR DIRECTORS DIANA CAMACHO, PRES/VP/TREA/SEC 14763 SW 155th PL MIAMI, FL 33196	Name and Title: Address: Name and Title: Address:

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	DIANA CAMACHO	.	
Address:	14763 SW 155th PL	. -	
	MIAMI, FL 33196	_	
ARTICLE VII The name and ac Name: Address:	INCORPORATOR Idress of the Incorporator is: DIANA CAMACHO 14763 SW 155th PL	<u>-</u>	
	MIAMI, FL 33196	_	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	gistered agent and agree to act in	
	Required Signature/Registered Agent		Date
I submit this doc document to the	nument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false	information submitted in a
De	Required Signature/Incorporator	•	05/26/2014
	Required Signature/Incorporator		Date

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SECRETARY OF STATE
TALLAHASSEE EL CARE