

P/6000023734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

216-16446

Office Use Only



200282236652

02/25/16--01014--016 **70.00

APPROVED
AND
FILED
16 MAR 16 AM 7:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/1

COVER LETTER

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

SUBJECT: D and L Enterprizes, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Debora Nelson
Name (Printed or typed)

19364 Carolina Cir.
Address

Boca Raton, FL 33434
City, State & Zip

813-323-1941
Daytime Telephone number

deb dandl enterprizes @ yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2016

DEBORA NELSON
19364 CAOLINA CIR.
BOCA RATON, FL 33434

SUBJECT: D AND L ENTERPRIZES, INC.
Ref. Number: W16000016446

We have received your document for D AND L ENTERPRIZES, INC. and your check(s) totaling \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 916A00004577

To whom it may concern,

3/14/16

We have no intention of reinstating
D and L Enterprises. P14-76619

Wish to incorporate using same name

Thank you,

Debra A. Nelson

You did not
return my \$70.00 for
this transaction so
I should be paid in full

APPROVED
AND
FILED

16 MAR 16 AM 7:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

APPROVED
AND
FILED

16 MAR 16 AM 7:34

ARTICLE I NAME

The name of the corporation shall be: D and L Enterprizes, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
19364 Carolina Cir.

Boca Raton, FL 33434

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19364 Carolina Cir.

Boca Raton, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

No intent of filing P 14000076619 (anything on this #.)

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra Nelson

Name and Title: President

Address: 19364 Carolina Cir

Address: _____

Boca Raton, FL

33434

Name and Title: ENRIE NELSON

Name and Title: vice-President

Address: 19364 Cardina Cir

Address: _____

Boca Raton, FL

33434

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

APPROVED
AND
FILED

16 MAR 16 AM 7:34

Name and Title: _____	Name and Title: _____
Address _____	Address: SECRETARY OF STATE TALLAHASSEE FLORIDA
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Deborah Nelson
Address: 19364 Carolina Cir
Boca Raton, FL 33434

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Deborah Nelson
Address: 19364 Carolina Cir
Boca Raton, FL 33434

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Deborah Nelson

Required Signature/Registered Agent

2/22/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Deborah Nelson

Required Signature/Incorporator

2/22/16

Date