# P200000 19885

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

Office Use Only



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## **CORPORATE**

When you need ACCESS to the world,

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INC.

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236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WA	ALK IN	
	PICK	UP:	03/04/2020	
	CERTIFIED COPY			
	РНОТОСОРУ			
xx	CUS	CERTII	FICATE OF STATUS	
хx	FILING	LLC		
<ol> <li>2.</li> </ol>	OSN PRODUCTS INC  (CORPORATE NAME AND DOCUME	ENT #)		
3.	(CORPORATE NAME AND DOCUME	ENT#)		
4.	(CORPORATE NAME AND DOCUMI			
5.	(CORPORATE NAME AND DOCUME	·		
<b>5.</b>	(CORPORATE NAME AND DOCUME			
SPECIAL NSTRU				

### **COVER LETTER**

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

STRIECT: DSN F	PRODUCTS, INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
	,		·
<b>\$70.00</b>	<b>☑ \$78.</b> 75	□ \$78.75	<b>\$87.50</b>
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	DPY REQUIRED
FROM: S	HOHREH HANSON	(D) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Nam	e (Printed or typed)	
90	4 NE 2ND STREET		
	THE ZIND OTTELL	Address	
BO	OCA RATON FL 33427		
		, State & Zip	
95	4-661-7840		
	Daytime '	Telephone number	
C.L	IERRY@DSNPRODUCTS.CC	n.N.#	
<u>5</u> F	F-mail address: (to be use	ed for future annual report	notification)
	D-man addices. (to be ass	20 101 10mg t aimidan report	

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)

ARTICLE I NAME	ion shall be: DSN PRODUCTS, INC	;	
<u>ARTICLE JI PRINC</u>	IPAL OFFICE Principal street address	Mailing ado	lress, if different is:
QUANT 2ND STREE	<b>FT</b>		
BOCA RATON FL 3	3427		
ARTICLE III PURPO	D <u>SE</u>	MELL BURNESS	
The purpose for which the	DSE he corporation is organized is: ANY LA	WYFUL BUSINESS	
		<u> </u>	
			74. 74. 75.
			20 <u>20</u> 3.1.1.1.
			12 MR -4
ARTICLE IV SHAR	<u>ES</u> 1000		77 )
The number of shares of	stock is:	·	
ADTICLE V INITL	AL OFFICERS AND/OR DIRECTORS		銀星形し
			2 <b>2</b>
Name and Title	e: HAMID HASSAN, P	Name and Title:	
Address	904 NE 2ND STREET	Address:	
	BOCA RATON FL 33427		
	SHOHREH HANSON VP	N J T'M.	
Name and Title	•	Name and Title:	
Address	904 NE 2ND STREET	Address:	
	BOCA RATON FL 33427		
		<del></del>	
		se terrior	
Name and Title	:: <u></u>	Name and Title:	
Address		Address:	
		<del></del>	
		<del>_</del>	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and E	<u>REGISTERED AGENT</u> Iorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	SHOHREH HANSON	- 
Address:	904 NE 2ND STREET	<u> </u>
	BOCA RATON FL 33427	-
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	ADA F BRAVO	_
Address:	650 NW 180TH TER STE 103	_
	PEMBROKE PINES FL 33029	_
Effective date i	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after the
Note: If the dat	e inserted in this block does not meet the applicab effective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as
Having been na. certificate, I am	familiar with and accept the appointment as regis	s for the above stated corporation at the place designated in this tered agent and agree to act in this capacity
	Shokreh Hanson	03/03/2020
	Required Signature/Registered Agent	Date
I submit this do	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
mountain to the	A de Saland	03/03/2020
Required Sigha	ture/incorporator	Date