2300008574

(R	equestor's Name)	
(A	ddress)	
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(* -	,,	
(C	ity/State/Zip/Phone	#)
		-
PICK-UP	☐ WAIT	MAIL
(P	Susiness Entity Name	<u>. </u>
(2	damesa Linty Harri	c,
(0	Ocument Number)	
ed Copies	Certificates	of Status
cial Instructions to	o Filing Officer:	
		

Office Use Only



SEGRETARY OF STATE
TAILLAHASSEE, FL

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DANAE JOY DEKKE	ER PA			
	 			
	<u> </u>			
	·			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			$\frac{1}{2}$	Cert. Copy
				Photo Copy
			<u> </u>	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			-	Officer Search
				Fictitious Search
Signature		· · · · · ·		Fictitious Owner Search
				Vehicle Search
_ _			-	Driving Record
Requested by: SETH	01/26/23		+	UCC 1 or 3 File
Name	Date	Time	-	UCC 11 Search
W-H- I.	W/II D: 1 T7		+	UCC 11 Retrieval
Walk-In	Will Pick Up		-	Courier

COVER LETTER

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

SUBJECT: DANA	AE JOY DEKKER PA		
GOBJECT:	(PROPOSED CORPORA)	TE NAME - MUST I	NCLUDE SUFFIX)
Enclosed are an ori	iginal and one (1) copy of the arti-	cles of incorporation	n and a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	& Certified Cop	S87.50 Filing Fee, Oy Certified Copy & Certificate of Status COPY REQUIRED
	ANAE JOY DEKKER		
FROM	Name (Printed or typed)		
49	15 S HEADER CANAL RD		
	Address		
FC	ORT PIERCE, FL 34945		
	City, State & Zip		
77	72-267-4443		
Daytime Telephone number			
	E-mail address: (to be used	for future annual re	port notification)

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 The name of the corporat	ion shall be:DANAE JOY DEKKER PA		
4915 S HEADER CAN	Principal <u>street</u> address AL RD	Mailing addr	ress, if different is:
FORT PIERCE, FL 349	43		
ARTICLE III PURPO The purpose for which d OF REAL ESTATE	PSE TO ENGAGE TO ENGAGE Corporation is organized is:	IN ANY AND ALL LAWF	≥ A B
			SSS A
			110:27 STATE
ARTICLE IV SHARE The number of shares of	ES 100 stock is:		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
	DANAE JOY DEKKER PRESIDENT 4915 S HEADER CANAL RD	Name and Title:	
,,,,,,,,,,	FORT PIERCE, FL 34945		
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address		Address:	
•			

Name and	Tirle:	Name and Title:
Address		Address:
	E <u>CISTERED AGENT</u> rida street address (P.O. Box NOT acceptable) o	the registered agent is:
Name;	DANAE JOY DEKKER	
Address:	4915 S HEADER CANAL RD	
	FORT PIERCE, FL 34945	
<u>ARTIÇLE VII II</u>		SECRETARY OF STALLAHASSEE
The name and add	iress of the Incorporator is: DANAE JOY DEKKER	[[] [] [] [] [] [] [] [] [] [
Name:		ARY ARY
Address:	4915 S HEADER CANAL RD	Sylpha > T
	FORT PIERCE, FL 34945	AM IO:
		: 2:
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot	(OPTIONAL) the more than five days prior or 90 days after the
	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	nd as registered agent to accept service of process on familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	ment and affirm that live facts stated herein are epartment of State constitutes a third degree felor	frue. I am aware that the false Information submitted in a
_ \	d Signature/Incorporator	2 1 2023 Date