

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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Account Number : I20000000264 Phone : (954)565-9929 Fax Number : (954)565-1347

# FLORIDA PROFIT CORPORATION OR P.A.

Diamond Brite Patio Specialists, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby edopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the Corporation shall be:

Diamond Brite Patio Specialists, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

13956 B Folkstone Circle

Wellington, FL 33414

### ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is : 1000 shares

### ARTICLE IV DIRECTORS

The number of directors constituting the initial board of directors is two (2), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Dominick Recchio

13956 Folkstone Circle

Wellington, FL 33414

Dean Lawrence Halpern

2391 NW 89th Drive, Ste. # 405 Coral Springs, FL 33065

# ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Dean Lawrence Halpern

2391 NW 89th Drive, Ste. # 405

Coral Springs, FL 33065

## ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

**Dominick Recchio** 

13956 Folkstone Circle

Wellington, FL 33414

Signature/Incorporator

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.

Signature/Registered Agent

Date

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