

# P01000110869

REQUESTOR'S ADDRESS  
 805 LITTLE DEAL ROAD  
 (Address)  
 TALLAHASSEE, FLORIDA 32308      385-6735  
 (City, State, Zip)      (Phone #)

OFFICE USE ONLY

400004688164--1  
 -11/20/01--01003--006  
 \*\*\*\*\*70.00      \*\*\*\*\*70.00

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. DAVIA'S Group, Inc. (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

RECEIVED  
 01 NOV 19 PH 3.05  
 DIVISION OF CORPORATION

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED

01 NOV 20 PH 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-1007

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 19, 2001

FILINGS INC.

TALLAHASSEE, FL

SUBJECT: DEVIA'S GROUP, INC.  
Ref. Number: W01000026504

We have received your document for DEVIA'S GROUP, INC.. However, the document has not been filed and is being returned for the following:

The document must have original signatures.

Please return the 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) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 701A00062084

RECEIVED  
01 NOV 20 AM 11:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S) FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I (NAME)

THE NAME OF THE CORPORATION SHALL BE:

DEVIA'S GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

6865 SW 45 LANE  
APT. 7  
MIAMI, FLORIDA 33155

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100@ \$0.01 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

WILSON DEVIA  
6865 SW 45 LANE  
APT. 7  
MIAMI, FLORIDA 33155

MARITZA REGALADO ESQ.  
BAR # 936944  
2742 SW 8 STREET SUITE 202  
MIAMI, FLORIDA 33135

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
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ARTICLE V INCORPORATOR(S)

THE NAME AND STREET ADDRESSES OF THE INCORPORATORS TO THESE ARTICLES OF INCORPORATION IS (ARE):

WILSON DEVIA  
8020 N. KENDAL DRIVE  
MIAMI, FLORIDA 33156

MARCELA DEVIA  
6865 SW 45 LANE #7  
MIAMI, FLORIDA 33155

ARTICLE VI DIRECTOR(S)

PRESIDENT: WILSON DEVIA

V. PRESIDENT: MARCELA DEVIA

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS

16<sup>TH</sup> DAY OF NOVEMBER OF THE YEAR 2001



\_\_\_\_\_  
INCORPORATOR  
WILSON DEVIA

MARITZA REGALADO ESQ.  
BAR # 936944  
2742 SW 8 STREET SUITE 202  
MIAMI, FLORIDA 33135

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT IN THE STATE OF FLORIDA.


1. THE NAME OF THE CORPORATION IS:

DEVIA'S GROUP, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

WILSON DEVIA  
6865 SW 45 LANE #7  
MIAMI, FLORIDA 33155

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)

11-16-01.  
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA

MARITZA REGALADO ESQ.  
BAR # 936944  
2742 SW 8 STREET SUITE 202  
MIAMI, FLORIDA 33135

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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