

PD2000127102

(Requestor's Name)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: De- Rose Framing, 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: Maria Torres
Name (Printed or typed)

8048 Parental Circle
Address

Jacksonville, FL 32216
City, State & Zip

904-726-8714
Daytime Telephone number

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 corporation shall be:

DeRose Framing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8048 Parental Circle, Jax Fl 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Carpnetry - Framing

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Maria Torres - 8048 Parental Circle, Jax Fl 32216 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Maria Torres - 8048 Parental Circle, Jax Fl 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Torres - 8048 Parental Circle , Jax Fl 32216

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

Maria E. Torres
Signature/Registered Agent

11-18-02
Date

Maria E. Torres
Signature/Incorporator

11-18-02
Date

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