

PD300000 22021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200012585142

02/24/03--01043--013 **78.75

FILED
03 FEB 24 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-24-03
[Signature]

TRANSMITTAL LETTER

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

SUBJECT: DML Gifts, 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: Denise Corretti Lancaster
Name (Printed or typed)

4216 Oxford Avenue
Address

Jacksonville, Fl. 32202
City, State & Zip

(904) 448-8449
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:

DML Gifts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4216 Oxford Avenue
Jacksonville, Fl. 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Sales

ARTICLE IV SHARES

The number of shares of stock is:

99 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Denise Correnti Lancaster 8845 Nature View Ln W. Jax, Fl. President
Leslie Boline Gilleo 1821 Commodore Pt. Dr. Orange Park, Fl. Vice President
Miriam Wheeler Novelly 1611 S McDuff Ave. Jacksonville, Fl. Sec/Treas

ARTICLE VI REGISTERED AGENT

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

Miriam Wheeler Novelly
1611 S McDuff Avenue
Jacksonville, Fl. 32205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Denise Correnti Lancaster
8845 Nature View Lane West
Jacksonville, Fl. 32217

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

Miriam L. Novelly
Signature/Registered Agent

2/19/03
Date

Denise Correnti Lancaster
Signature/Incorporator

2/19/03
Date