

P03000051409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

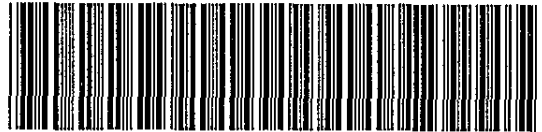
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W03-12653

Office Use Only



600016689166

04/29/03--01058--019 \*\*78.75

FILED

2003 MAY -8 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-8-03

## TRANSMITTAL LETTER

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

SUBJECT: DeKire Incorporated (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: LeMar Lewis  
Name (Printed or typed)

P.O. box 682376  
Address

Orlando FLA. 32818  
City, State & Zip

407-295-6967  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 2, 2003

LEMAR LEWIS  
PO BOX 682376  
ORLANDO, FL 32818

SUBJECT: DEKIRE INCORPORATED (INC.)  
Ref. Number: W03000012653

We have received your document for DEKIRE INCORPORATED (INC.) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 803A00027048

**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: *DeKire Incorporated (Inc.)*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *P.O box 682376  
Orlando, FLA. 32818-9998*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *To manufacture and sell clothing*

**ARTICLE IV SHARES**

The number of shares of stock is: *30,000 shares*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

*N/A*

FILED  
2003 MAY -8 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

*Leman Lewis  
3355 Lake Tiny Circle  
Orlando, FLA. 32818*

*\* Correction*

*[Crossed out signature and address]*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*[Crossed out signature and address]*

*Leman Lewis  
3355 Lake Tiny Circle  
Orlando, FL. 32818*

\*\*\*\*\*  
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

*Leman X Lewis*  
\_\_\_\_\_  
Signature/Registered Agent

*4/21/03*  
\_\_\_\_\_  
Date

*Leman X Lewis*  
\_\_\_\_\_  
Signature/Incorporator

*4/21/03*  
\_\_\_\_\_  
Date