

PO3000102589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

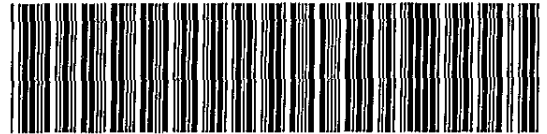
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Daniel Simon Associates 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: Daniel Simon
Name (Printed or typed)

1745 SW 13 Ave.
Address

Miami, FL 33145
City, State & Zip

305-606-8045 or 305-445-2352
Daytime Telephone number

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

Article of Incorporation
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Article 1: Name:

The name of the corporation shall be:
Daniel Simon Associates Inc.

Article 2: Principal Office:

The principal place of business/mailling address is:
1745 SW 13 Ave.
Miami, FL 33145

Article 3: Purpose:

The purpose for which the corporation is organized is:
Sales

Article 4: Shares:

The number of shares of stock is:
500

Article 5: Initial Officers and/or Directors:

Daniel Simon, Director, President, Vice-President, Secretary, Treasurer
1745 SW 13 Ave.
Miami, FL 33145

Article 6: Registered Agent:

Daniel Simon
1745 SW 13 Ave.
Miami, FL 33145

Article 7: Incorporator:

Daniel Simon
1745 SW 13 Ave.
Miami, FL 33145

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TALLAHASSEE, FLORIDA

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

Daniel P. Simon
Signature/Registered Agent

9-12-03
Date

Daniel P. Simon
Signature/Incorporator

9-12-03
Date