

P 0 3 0 0 0 1 2 9 6 8 3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

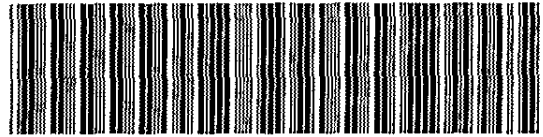
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 NOV -6 AM 11:03

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TRANSMITTAL LETTER

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

SUBJECT: D.L.M. STUCCO SYSTEMS, 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: LYNNE DOSCHER
Name (Printed or typed)

3408 VAN NUYS LOOP
Address

NEW PORT RICHEY, FL 34655
City, State & Zip

(727) 376-0676
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:

D. L. M. STUCCO SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3408 VAN NUYS LOOP
NEW PORT RICHEY, FL 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL PURPOSE IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

LYNNE DOSCHER, DIRECTOR & PRESIDENT

ARTICLE VI REGISTERED AGENT

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

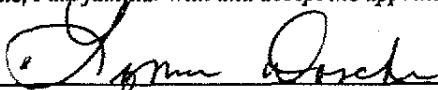
LYNNE DOSCHER
3408 VAN NUYS LOOP
NEW PORT RICHEY, FL 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYNNE DOSCHER
3408 VAN NUYS LOOP
NEW PORT RICHEY, FL 34655

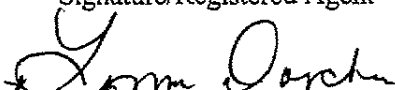
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/1/03

Date



Signature/Incorporator

11/1/03

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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