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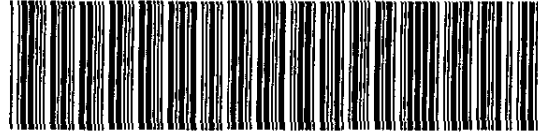
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 11/23

TRANSMITTAL LETTER

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

D.D. DESIGN ENTERPRISES, INC.

SUBJECT: _____
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lisa L. Hogreve, Esq.

Name (Printed or typed)

96 Willard Street, Suite 206

Address

Cocoa, Florida 32922-7946

City, State & Zip

321 - 633-3242

Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF
D.D. DESIGN ENTERPRISES, INC.

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

D.D. DESIGN ENTERPRISES, INC.

ARTICLE II - DURATION

The corporation shall have perpetual existence.

ARTICLE III - PURPOSE

The general purpose of this corporation is to management of design services.

ARTICLE IV - CAPITAL STOCK

The maximum number of shares of stock that this corporation us authorized to have outstanding at any time is one thousand (1,000) shares of common stock, and each share having the par value of One (\$1.00) Dollar.

ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The street address of the initial registered office of this corporation is 96 Willard Street, Suite 206, Cocoa, Florida 32922-7946. The name of the initial registered agent at that address is Lisa L. Hogreve, Esq.

ARTICLE VI - DIRECTORS

The corporation shall have one (1) director initially whose name and address are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Delores Nichilo, President	5361 Summerville Drive Rockledge, Florida 32955

The number of directors may be changed according to the by-laws of this corporation.

ARTICLE VII - SUBSCRIBER

The name and street address of the incorporator of this corporation is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Delores Nichilo	5361 Summerville Drive Rockledge, Florida 32955

ARTICLE VIII - PRINCIPAL OFFICE


The principal place of business and mailing address of this corporation shall be:

697 Brevard Ave.
Cocoa, FL 32922

IN WITNESS WHEREOF, the undersigned subscribers have executed the foregoing Article
of Incorporation this 20 day of OCTober, 2004.


INCORPORATOR-DELORES NICHILLO


ACCEPTANCE BY REGISTERED AGENT:


LISA L. HOGREVE, ESQUIRE
Hogreve & Hogreve, LC
96 Willard Street, Suite 206
Cocoa, Florida 32922-7946

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared DELORES NICHILLO, to me well known, and known
to me to be the individual described in and who executed the foregoing Articles of Incorporation,
and acknowledged before me that she executed the same for the purposes therein expressed.

20th WITNESS my hand and official seal, in the County and State named above this
day of October, 2004.


Notary Public
State of Florida at Large

(SEAL)

My Commission Expires:



Barton W. Hogreve
My Commission DD289263
Expires March 07, 2008

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.501, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **D.D. DESIGN ENTERPRISES, INC.**

2. The name and address of the registered agent and office:

Lisa L. Hogreve, Esq.
96 Willard Street, Suite 206
Cocoa, Florida 32922-7946

SIGNATURE: _____

Corporate Officer

TITLE: President

DATE: _____

10/14/04

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named a registered agent and to accept service of process for the above stated corporation at the place designate in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent.

DATED: 10/14/04

BY: _____

LISA L. HOGREVE, ESQ.