

P05000045941

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

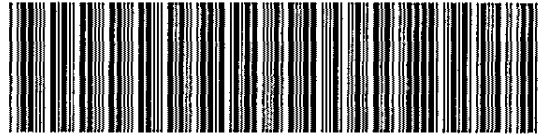
(Business Entity Name)

(Document Number)

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MAR 28 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/28/05

## TRANSMITTAL LETTER

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

SUBJECT: J.D.GROUP INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: JAMES P. DIMITROFF  
Name (Printed or typed)

18129 SWAN LAKE DR  
Address

LUTZ, FLORIDA 33549  
City, State & Zip

(813) 949-1019  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

RECEIVED

05 MAR 28 AM 8:17

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

March 18, 2005

JAMES P. DIMITROFF  
18129 SWAN LAKE DR.  
LUTZ, FL 33549

SUBJECT: J.D. GROUP, INC.  
Ref. Number: W05000014271

We have received your document for J.D. GROUP, INC.. However, the document has not been filed and is being returned for the following:

Are you sure you're a Not for Profit Corporation? If not, we are enclosing information for your convenience.

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is K43467 (J D GROUP, INC. ).

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) 245-6934.

Loria Poole  
Document Specialist  
New Filings Section

Letter Number: 005A00018855

**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:

DIMITROFF GROUP INC EIN 32-0143951

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

18129 SWAN LAKE DR LUTZ, FLA 33549

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SET UP MERCHANTS WITH CREDIT CARDS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JAMES P. DIMITROFF 18129 SWAN LAKE DR LUTZ, FL 33549

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JAMES P. DIMITROFF 18129 SWAN LAKE DR LUTZ, FLA 33549

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JAMES P. DIMITROFF 18129 SWAN LAKE DR LUTZ, FL 33549

\*\*\*\*\*  
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

Date

3-24-05

Signature/Incorporator

Date

3-24-05

FILED  
05 MAR 28 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA