

PD5000063220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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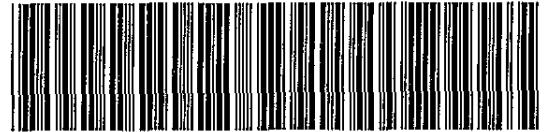
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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5/18/05--(11)35--022 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY -2 AM 8:59

FILED

5/2/05
BWK
WD5-20433

TRANSMITTAL LETTER

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

SUBJECT: DAB Company, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Deborah Broom

Name (Printed or typed)

7935 Versilia Dr.

Address

Orlando, FL 32836

City, State & Zip

407-996-3856

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 22, 2005

DEBORAH BROOM
7935 VERSILIA DR.
ORLANDO, FL 32836

SUBJECT: DAB COMPANY, INC.
Ref. Number: W05000020433

We have received your document for DAB COMPANY, 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 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.

You cannot use Company and Inc in your Corporate. Please take out one of them.

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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 905A00027866

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:

THE BROOM CLOSET QNC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7935 Versilia Dr Orlando FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

create and distribute gift baskets

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Deborah Brom

ARTICLE VI REGISTERED AGENT

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

Deborah Brom
7935 Versilia Dr Orlando FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Deborah Brom
7935 Versilia Dr Orlando FL 32836

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

Deborah Brom
Signature/Registered Agent

4/24/15
Date

Deborah Brom
Signature/Incorporator

4/24/15
Date

FILED

05 MAY -2 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA