

PO5000066184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

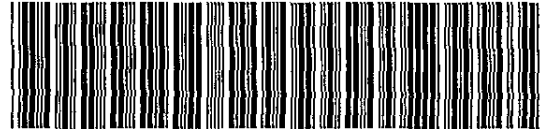
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200053492102

05/03/05--01046--012 **70.00

FILED
05 MAY -3 AM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: DITYJN, 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: DITYJN, INC.
Name (Printed or typed)

3297 S. SUNCOAST BLVD.
Address

HOMOSASSA, FL 34448-2321
City, State & Zip

352/628-1133
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:

DITYJN, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3297 S. SUNCOAST BLVD., HOMOSASSA, FL 34448-2321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL BUSINESS IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DIANNA S. NICHOLSON - PRES/V-PRES/SEC/TREAS.
3249 SO MICHIGAN BLVD.
HOMOSASSA, FL 34448

ARTICLE VI REGISTERED AGENT

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


DIANNA S. NICHOLSON
3249 SO. MICHIGAN BLVD.
HOMOSASSA, FL 34448

ARTICLE VII INCORPORATOR

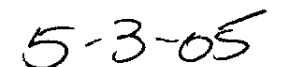
The name and address of the Incorporator is:

DIANNA S. NICHOLSON
3249 SO. MICHIGAN BLVD.
HOMOSASSA, FL 34448

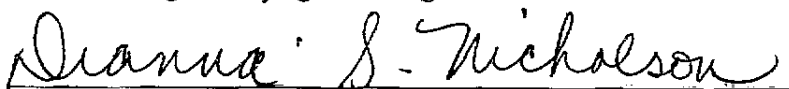
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



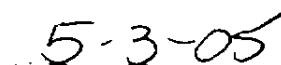
Signature/Registered Agent



Date



Signature/Incorporator



Date