

POS000132766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

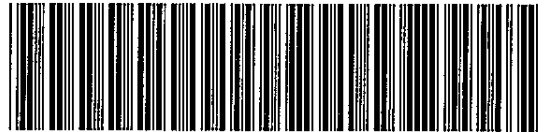
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000059987860

09/28/05--01006--006 **87.50

RECEIVED

05 SEP 28 PM 5:24

REG. STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 SEP 28 AM 8:10
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: D.B.C. ENT., 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: BEN JOSEPH

Name (Printed or typed)

1112 S MAGNOLIA DR APT# R-5

Address

TALLAHASSEE FL 32301

City, State & Zip

Daytime Telephone number

05 SEP 28 AM 8:10

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.B.C. ENT., INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1112 S. MAGNOLIA DR APT# R-5
TALLAHASSEE FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ENTERTAINMENT

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- D. NEVILLE S. MALCOLM 121 BELMONT RD TALLAHASSEE FL 32301
- D. DAVID MONCRIEFFE 121 BELMONT RD TALLAHASSEE FL 32301
- D. RILWAN ADIGUN 1112 S MAGNOLIA DR APT# R-5 TALLAHASSEE FL 32301
- D. BEN JOSEPH 1112 S MAGNOLIA DR APT# R-5 TALLAHASSEE FL 32301

ARTICLE VI REGISTERED AGENT

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

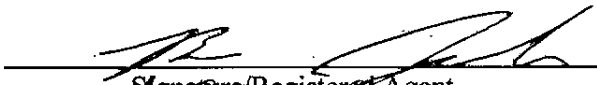
BEN JOSEPH
1112 S MAGNOLIA DR APT# R-5
TALLAHASSEE FL 32301

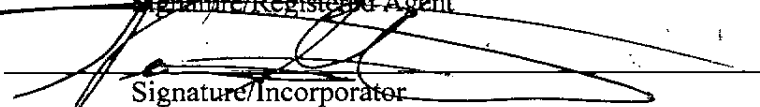
ARTICLE VII INCORPORATOR

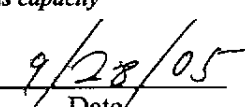
The name and address of the Incorporator is:

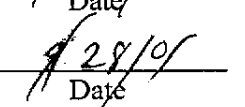
NEVILLE S MALCOLM
1112 S MAGNOLIA DR APT# R-5
TALLAHASSEE FL 32301

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


Signature/Incorporator


Date


Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 SEP 28 AM 8:10