

P05800144324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 OCT 24 A 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-25-05
WC

COVER LETTER

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

SUBJECT: DeRoz Enterprises, Corp.

(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: Denise Simpson

Name (Printed or typed)

150 Twilight St. N/E

Address

Palm Bay, FL. 32907

City, State & Zip

321-373-5028

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:

DeRoz Enterprises, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

150 Twilight St. N/E
Palm Bay, FL. 32907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Offering production of film and video in the community.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Denise Simpson(Owner)	Rosalynn Josey(Owner)
150 Twilight St. N/E	365 Fisher Lane
Palm Bay, FL. 32907	Merritt Island, FL. 32953

ARTICLE VI REGISTERED AGENT

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

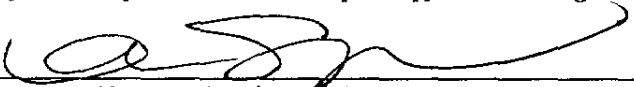
Denise Simpson
150 Twilight St. N/E
Palm Bay, FL. 32907

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Denise Simpson
150 Twilight St. N/E
Palm Bay, FL. 32907

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

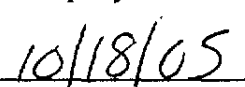



Signature/Registered Agent



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date


Date