

P05000153864

(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:

10-31-05 Batch Work

Office Use Only



400060451874

11/01/05--01022--001 **78.75

FILED

05 NOV 1 PM 12:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

11/2/05
405-405
11/2/05



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 2, 2005

DSS & ASSOCIATES INC.
4833 CYPRESS WOODS DRIVE
APT. 4208
ORLANDO, FL 32811

SUBJECT: DSS & ASSOCIATES INC.
Ref. Number: W05000049566

We have received your document for DSS & ASSOCIATES 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 attached form must be completed in order to file the document.

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) 245-6955.

Suzanne Hawkes
Document Specialist
NEW FILINGS

Letter Number: 405A00065879

COVER LETTER

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

SUBJECT: DSS & Associates, 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: Habib Shaikh
Name (Printed or typed)

4833 Cypress Woods Dr #4208
Address

Orlando, FL 32811
City, State & Zip

(407) 849-6796
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:

DSS & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4833 Cypress Woods Dr #4208
Orlando FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Habib Shaikh, President
4833 Cypress Woods Dr #4208
Orlando FL 32811

ARTICLE VI REGISTERED AGENT

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

Habib Shaikh
4833 Cypress Woods Dr #4208
Orlando FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Habib Shaikh
4833 Cypress Woods Dr #4208
Orlando FL 32811

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

FILED
05 NOV 11 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV. 11, 05

Date

NOV. 11, 05

Date