

PO6000049029

(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



000068811480

04/06/06--01001--010 **78.75

FILED
06 APR -5 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 APR -5 PM 4:06
STATE
TALLAHASSEE, FLORIDA

T. Hampton APR 05 2006

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:

Discolandia ~~MX~~ INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1951 W Jefferson St. Quincy FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retailer store

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):

President Esmeralda Tzintzun - 1951 W Jefferson St. Quincy FL 32351
Vice President Jose M Tzintzun 1951 W Jefferson St. Quincy FL 32351

ARTICLE VI REGISTERED AGENT

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

Esmeralda Tzintzun 1951 W Jefferson St. Quincy FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

1951 W Jefferson St Quincy FL 32351
Esmeralda Tzintzun

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

Esmeralda Tzintzun
Signature/Registered Agent

Esmeralda Tzintzun
Signature/Incorporator

FILED
06 APR -5 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/5/06
Date

4/5/06
Date

COVER LETTER

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

SUBJECT: Discolandia FL 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: Esmeralda Tintzun
Name (Printed or typed)

1951 W Jefferson St.
Address

Quincy FL 32351
City, State & Zip

850-627-7934
Daytime Telephone number

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