# POLOCO14 3607

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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# **COVER LETTER**

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

SUBJECT: Digit	tized Document Solutions (PROPOSED CORPORA)	S Corp.	INF SHEETY	
	(FROPOSED CORPORA)		ODE SOFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	eles of incorporation and	l a check for:	
₹70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: S	Sabri Asar	(Printed or typed)	<del></del>	4
	ivaine	(Frimed or typed)		
	466 SW Sundance Trail			<i>"</i> :
		Address		
	Port St. Lucie, FL 34953 City,	State & Zip	<u></u>	
	954-695-1687			
	Daytime To	elephone 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:

Digitized Document Solutions Corp.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

466 SW Sundance Trail Port St. Lucie, FL 34953

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Document & image scanning, CD rom and DVD duplication, document and graphic creation and other business services.

### ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sabri Asar - President; 466 SW Sundance Trail, Port St. Lucie, FL 34953 Bedri M. Asar - Vice President; 466 SW Sundance Trail, Port St. Lucie, FL 34953

#### ARTICLE VI REGISTERED AGENT

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

Sabri Asar - 466 SW Sundance Trail, Port St. Lucie, FL 34953

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sabri Asar - 466 SW Sundance Trail, Port St. Lucie, FL 34953

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

11, 7.06

Signature/Incorporator

Date