

PO6000150994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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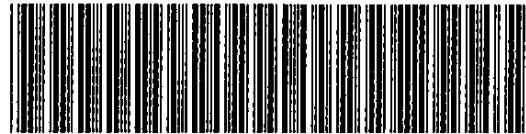
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: D-DINO DESIGNS, 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: D DINO DESIGNS, INC

Name (Printed or typed)

BOCA MARINA NORTH

Address

BOCA RATON, FL. 33487

City, State & Zip

561-350-6747

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:

D. DINO DESIGNS, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

BOC MARINA NORTH  
BOCA RATON. FL. 33487

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CREATE INTERIOR DESIGNS

## 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):

DOMENIQUE DINO  
BOCA MARINA NORTH  
BOCA RATON, FL. 33487  
PRES,SECY

## ARTICLE VI REGISTERED AGENT

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

MURRAY J COHEN P.A.  
10330 CAMELBACK LANE  
BOCA RATON, FL. 33498

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MURRAY COHEN  
10330 CAMELBACK LANE  
BOCA RATON, FL. 33498

\*\*\*\*\*

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

MURRAY COHEN

11/13/06

Date

11/13/06

Date

FILED  
06 NOV 16 PM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA