# P0100041803

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**COVER LETTER** 

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

#### SUBJECT: DOLCE KHMER INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee

\$78.75 Filing Fee & Certificate of Status

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\$78.75\$87.50Filing FeeFiling Fee& Certified CopyCertified& Certified& Certified

Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:	MENTORY MUY Name (Printed or typed)
	4805 ATTLEBORD STREET Address
	JACKSONVILLE FLORIDA 37205 City, State & Zip

<u>9H - 588 - 6152</u> Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### . <u>ARTICLE I NAME</u>

· · - - -

The name of the corporation shall be:

DOLCE KHMER INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4805 ATTLEBORD STREET JAX, FL 32205

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Services in Stenography & SouthEAST ASIAN IMPORTS

# ARTICLE IV SHARES

The number of shares of stock is:

00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NA

## ARTICLE VI REGISTERED AGENT

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

MENTORY MUY 4805 ATTLEBORD STREET JAXIE 33205

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MENTORY MUY 4POS ATTLEBOND STREET JAVIEL 32205

#### \*

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

enture/Registered Agent

Signature/Incorporator

3/28/07 Date 3/28/07

ILED