

PO7000046240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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07 APR 13 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/16

COVER LETTER

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

SUBJECT: Data Product Distributor Corp.

(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: Larry Llirán Rosado

Name (Printed or typed)

934 Hardwick Avenue

Address

Orlando, Florida 32825

City, State & Zip

(407) 275-6330

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:

Data Product Distributor Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

934 Hardwick Avenue, Orlando, Florida 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and distributions of data product.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Larry Llirán Rosado - Director

ARTICLE VI REGISTERED AGENT

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

934 Hardwick Avenue, Orlando Florida 32825

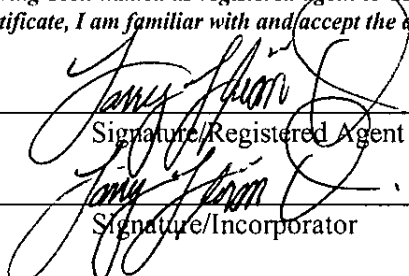
Larry Llirán Rosado

ARTICLE VII INCORPORATOR

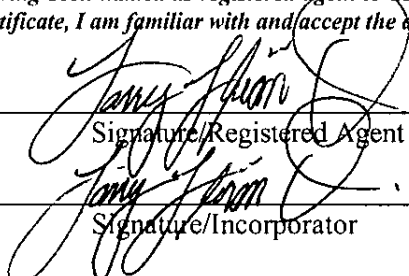
The name and address of the Incorporator is:

Larry Llirán Rosado - 934 Hardwick Avenue, Orlando Florida 32825

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APRIL - 10 - 2007
Date

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Date