

P07000/13271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

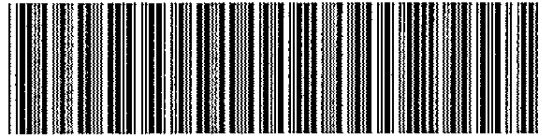
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS
10/15/07

Return Name and Address
Steve Mindrup
9915 Gray Fox Ln.
Port Richey, FL 34668
727.967.1928

October 10, 2007

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Incorporation

Dear Sir:

Enclosed please find an original and one copy of Articles of Incorporation along with total filing fees of \$87.50.

Please file and provide a filed copy to me, together with any other information you commonly provide to new incorporators at the address above.

Please contact me at the above address if you require anything further. My daytime telephone number is 727-967-1928.

With kindest regards, I am

Sincerely yours,

Enclosures
Check # 1549 Enclosed for \$87.50

COVER LETTER

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

SUBJECT: DoulosDesigns 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: Steve Mindrup

Name (Printed or typed)

9915 Gray Fox Ln

Address

Port Richey, FL 34668

City, State & Zip

727-967-1928

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:

DoulosDesigns, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9915 Gray Fox Ln.
Port Richey, FL 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful activity

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Steve Mindrup
9915 Gray Fox Ln.
Port Richey, FL 34668

ARTICLE VI REGISTERED AGENT

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

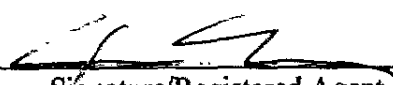
Steve Mindrup
9915 Gray Fox Ln.
Port Richey, FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Steve Mindrup
9915 Gray Fox Ln.
Port Richey, FL 34668

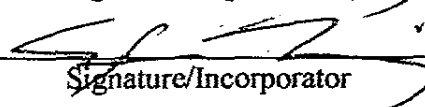
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA