

P07000127832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

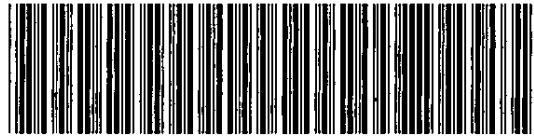
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/30/07--01003--017 **70.00

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07 NOV 30 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS
11/30/07

COVER LETTER

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

SUBJECT: DP 5128, 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: Rebecca Biggers

Name (Printed or typed)

3002 Needles Drive

Address

Orlando, FL 32810

City, State & Zip

321-947-5111

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:

DP 5128, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3002 Needles Drive
Orlando, FL 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Food & Beverage Establishment

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rebecca Biggers
3002 Needles Drive
Orlando, FL 32810

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Rebecca Biggers
3002 Needles Drive
Orlando, FL 32810

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Rebecca Biggers
3002 Needles Drive
Orlando, FL 32810

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

11/27/07
Date



Signature/Incorporator

11/27/07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA