

PO8000009286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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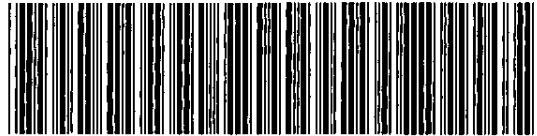
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JAN 24 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/28/08

COVER LETTER

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

SUBJECT: DPS Associates 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: Dennis P Sullivan

Name (Printed or typed)

980 7th Ave S #207

Address

Naples FL 34102 -

City, State & Zip

612-201-9197

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:

DPS Associates Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
980 7th Ave S Suite #207, Naples Fl 34102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide Sales and Marketing Services

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):

Dennis P Sullivan 980 7th Ave S #207,
Naples Fl, 34102
President

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TALLAHASSEE, FLORIDA

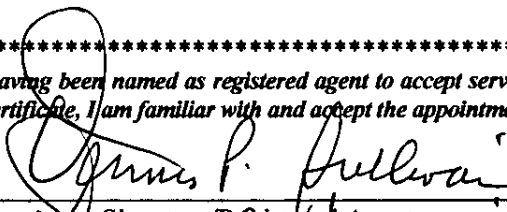
ARTICLE VI REGISTERED AGENT

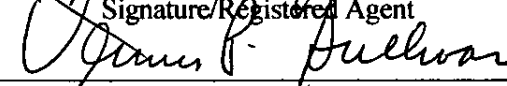
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Dennis P Sullivan, 980 7th Ave S #207, Naples FI 34102

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Dennis P Sullivan, 980 7th Ave S #207, Naples, FI 34102

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



Date


Date

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TALLAHASSEE, FLORIDA