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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

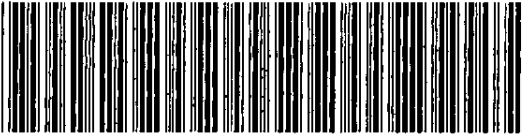
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 JUN 19 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: DELA ARTS CO.  
(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: Julie A. Long  
Name (Printed or typed)

972 WEST TROPICAL WAY  
Address

PLANTATION FL. 33317  
City, State & Zip

954 327-9254  
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)

**FILED**  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*Dela Arts, Co.*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*972 WEST TROPICAL WAY  
PLANTATION FL 33317*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Any and all business permitted by Florida  
corporation business statutes*

**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):

*President, Alan Delamater  
Vice president, Zachary Delamater*

**ARTICLE VI REGISTERED AGENT**

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

*Julie Long  
972 West TROPICAL WAY  
PLANTATION FL 33317*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Alan Delamater  
972 West TROPICAL WAY  
PLANTATION FL 33317*

\*\*\*\*\*

*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*

*Julie Long*  
\_\_\_\_\_  
Signature/Registered Agent  
*Alan Delamater*  
\_\_\_\_\_  
Signature/Incorporator

*6/16/08*  
\_\_\_\_\_  
Date  
*6/16/08*  
\_\_\_\_\_  
Date