

P09000042341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

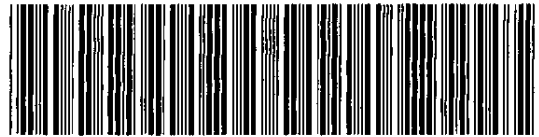
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2009 MAY 12 A 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-14-09
60-61-5
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WA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2009

DEVELOPMENT SERVICES CORP.
800 NE 12 AVE., APT. 1244
HOMESTEAD, FL 33030

SUBJECT: DEVELOPMENT SERVICES CORP.
Ref. Number: W09000019920

We have received your document for DEVELOPMENT SERVICES CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 909A00014279

COVER LETTER

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

SUBJECT: Development Services 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Development Services Corp.

Name (Printed or typed)

800 NE 12 Ave apt 1 244

Address

Homestead, FL 33030

City, State & Zip

786-298-4355

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:

Maspoton Development Services Corp.

ARTICLE II PRINCIPAL OFFICE

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

800 NE 12 Ave apt I 244, Homestead, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To start a business

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):

Geovanni Cruz Placeres

800 NE 12 Ave apt I 244, Homestead, FL 33030

President

ARTICLE VI REGISTERED AGENT

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

Geovanni Cruz Placeres

800 NE 12 Ave apt I 244, Homestead, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

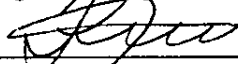
Geovanni Cruz Placeres

800 NE 12 Ave apt I 244, Homestead, FL 33030

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

05-06-09

Date

05-06-09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA