

P/0000007239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

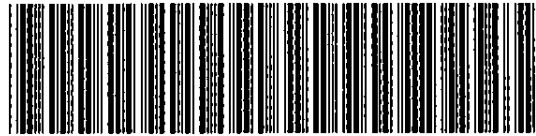
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400165257074

01/27/10--01001--013 \*\*70.00

RECEIVED

10 JAN 26 PM 3:56

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

10 JAN 26 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/26

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

DIET MOVERS, 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: \_\_\_\_\_

DAVID DIPIETRO

Name (Printed or typed)

1218 W BRIDGE DR.

Address

CITRUS SPRINGS FL. 34434

City, State & Zip

352 427-7739

Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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**

**ARTICLE I    NAME**

The name of the corporation shall be:

DIRT MOVERS, INC.

10 JAN 26 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II    PRINCIPAL OFFICE**

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

1218 W BRIDGE DR.  
CITRUS SPRINGS FL 34434

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

PROFIT

**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):

TRACI DIPIETRO P.  
DAVID DIPIETRO V.P.

**ARTICLE VI    REGISTERED AGENT**

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

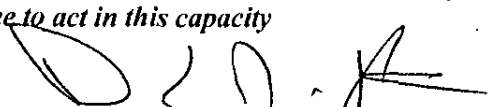
DAVID DIPIETRO  
1218 W BRIDGE DR.  
CITRUS SPRINGS FL 34434

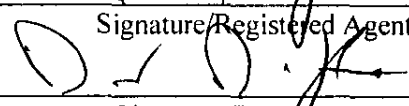
**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

DAVID DIPIETRO  
1218 W BRIDGE DR.  
CITRUS SPRINGS FL 34434

\*\*\*\*\*  
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

1-25-10  
\_\_\_\_\_  
Date

1-25-10  
\_\_\_\_\_  
Date