

P10000089346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

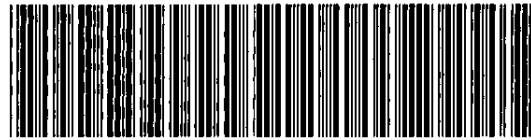
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/29/10--01020--013 \*\*78.75

FILED  
10 OCT 29 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 11/3/10

**COVER LETTER**

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

**SUBJECT: Domus Architecture, 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

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

**FROM: Raphael Saladrigas**  
Name (Printed or typed)

**400 - 27th Street**  
Address

**West Palm Beach, FL 33407**  
City, State & Zip

**561-818-1152 / 561-271-9079**  
Daytime Telephone number

**raphael@saladrigas.net**  
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)

**ARTICLE I NAME** Domus Architecture, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
400 - 27th Street  
West Palm Beach, FL 33407

**FILED**  
**10 OCT 29 PM 3:47**  
Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**Architecture Design Services**

**ARTICLE IV SHARES**  
The number of shares of stock is: **500**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Raphael Saladrigas, President</u>	Name and Title: _____
Address: <u>400 - 27th Street</u>	Address: _____
<u>West Palm Beach, FL 33407</u>	_____
_____	_____

Name and Title: <u>Leah C. Cohen, Secretary, VP</u>	Name and Title: _____
Address: <u>2375 NW Timbercreek Circle</u>	Address: _____
<u>Boca Raton, FL 33431</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

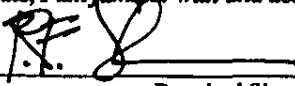
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: Raphael Saladrigas  
Address: 400 - 27th Street  
West Palm Beach, FL 33407


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Name: Raphael E. Saldadrigas  
Address: 400 - 27th Street  
West Palm Beach, FL 33407

*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*

	<u>10.27.10</u>
Required Signature/Registered Agent	Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

	<u>10.27.10</u>
Required Signature/Incorporator	Date