## P10000093257

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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## **COVER LETTER**

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

SUBJECT: DT Subs Incorporated			
(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	les of incomparation on	d a aback for	
Enclosed are an original and one (1) copy of the artic	nes of incorporation an	id a check for.,	7
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL C	OPY REQUIRED	ł
FROM: Cedric Canty Name	(Printed or typed)		
1453 North Bluebird Lane	9		
A	ddress		
Homestead, FL 33035	State & 7im	ALL AS	2010 NOV 12
City, S	State & Zip		OV_
(786) 306-1785		SEC	
Daytime Te	elephone number		
cedriccanty@yahoo.com E-mail address: (to be used	for future annual repor	t notification)	AH II: 29

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 The name of the c	NAME DT Subs Incorporated orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	lress, if different is:
	1205 NW 9th Avenue		pird Lane
	Florida City, FL 33034		33035
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
ARTICLE III	DIIDDOSE		
	which the corporation is organized is:		
	estaurant facility.		
	•		
ARTICLE IV			
The number of sha	ares of stock is:100		
ARTICIR V	INITIAL OFFICERS AND/OR DIRECTO	DPS	
	itle: Cedric Canty, President		
Address:	1453 North Bluebird Lane	Address:	
	Homestead, FL 33035		
	`itle:	Name and Title:	
Address:		Address:	<del></del> _
		<del></del>	
	<del></del>	<del></del>	
Name and T	`itle:	Name and Title:	
Address:		Address:	
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<u> </u>	
		<u> </u>	
APTICI P UI	REGISTERED AGENT		- coloning
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	20
Name:	Cedric Canty		79 <b>9</b>
Address:	1453 North Bluebird Lane		
	Homestead, FL 33035		SS
	,	<del></del>	SEX S
	INCORPORATOR		<b>1 1 1 1 1 1 1 1 1 1</b>
	<u>dress</u> of the Incorporator is:		<b>T</b>
Name:	Cedric Canty	<del></del>	
Address:	1453 North Bluebird Lane	<del></del>	5 N
	Homestead, FL 33035		334
Havina haan nan	ned as registered agent to accept service of proc	vess for the above stated comor	ution at the place designated in
	m familiar-with and accept the appointment as t		
ins conjucue, i a	)	eguserea agent ana agree to acc	
/			11/15/05
	Required Signature/Registered Agent	·····	// /4/10
	respensu Signature/Registered Agent		/ Date
I submit this doc	ument and affirm that the facts stated herein a	are true. I am aware that the fa	dse information submitted in a
	epartment of State constitutes a third degree fel		
يسب			, ,
			11/4/10
	Required Signature/Incorporator		/ /Date