

PI 00000093972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

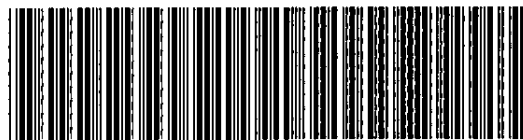
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2010 NOV 15 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 17 2010

COVER LETTER

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

SUBJECT: DEMENSIONS, 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: Dora Williams
Name (Printed or typed)
1626 W. 7th Street
Address
Jacksonville, Florida 32209
City, State & Zip
904-647-7556
Daytime Telephone number
dorawilliams06@gmail.com
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

The name of the corporation shall be: DEMENSIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1626 W. 7th Street
Jacksonville, FL. 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INVESTMENTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dora Williams Exec. Dir
Address: 1626 W. 7th Street
Jacksonville, FL. 32209

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dora Williams
Address: 1626 W. 7th Street
Jacksonville, FL. 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dora Williams
Address: 1626 W. 7th Street
Jacksonville, FL. 32209

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

Dora Williams

Required Signature/Registered Agent

11-11-2010

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.

Dora Williams

Required Signature/Incorporator

11-11-2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA