

P110000024009

(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



900195533549

02/24/11--01010--006 \*\*78.75

FILED  
11 MAR 10 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

111-10000024009 YMD 3/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2011

ANDREA ESCOBAR  
2121 S. HIAWASSEE RD.  
ORLANDO, FL 32837

SUBJECT: DEKOR EXPO CENTER INC.  
Ref. Number: W11000012274

We have received your document for DEKOR EXPO CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6921.

Maryanne Dickey  
Regulatory Specialist II Supervisor  
New Filing Section

Letter Number: 511A00005278

## COVER LETTER

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

**SUBJECT:** Permanent Commercial and Professional Exposition Show Center  
(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:** Andrea Escobar C.

Name (Printed or typed)

6224 Raleigh Street - apt. # 818

Address

Orlando ,Florida - 32835

City, State & Zip

407 683 1748 - 407 545 1549

Daytime Telephone number

info@dekorexpocenter.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:

**Dekor Expo Center Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11220 Space Blvd.  
Orlando, Florida - 32837

Mailing address, if different is:  
6224 Raleigh Street - apt # 818  
Orlando, Florida - 32835

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Permanent Commercial and Professional Exposition Show  
Center for National and International, Homes, Constructions and  
General Decorations Companies.**

**ARTICLE IV SHARES**

The number of shares of stock is: **- 1,000 -**

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

Name and Title: **Andrea Escobar C.**  
Address: **6224 Raleigh Street - apt # 818  
Orlando, Florida - 32835**

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: **Andrea Escobar C.**  
Address: **6224 Raleigh Street - apt # 818  
Orlando, Florida - 32835**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Andrea Escobar C.**  
Address: **6224 Raleigh Street - apt # 818  
Orlando, Florida - 32835**

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

Required Signature/Registered Agent

03/08/11  
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.

Required Signature/Incorporator

03/08/11  
Date