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(Business Entity Name)

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## COVER LETTER

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

SUBJECT: **DOLPHIN VIP CORP**

(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: **JOHN M QUINONES**

Name (Printed or typed)

**13378 GLACIER NATIONAL DR APT 1507**

Address

**ORLANDO FL 32837**

City, State & Zip

**786-4062616**

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)

**ARTICLE I NAME** DOLPHIN VIP CORP  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
13378 GLACIER NATIONAL DR # 1507  
ORLANDO FL 32837

Mailing address, if different is:  
13378 GLACIER NATIONAL DR # 1507  
ORLANDO FL 32837

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: JOHN M QUINONES - PRESIDENT	Name and Title: _____
Address: 13378 GLACIER NATIONAL DR # 1507	Address: _____
ORLANDO FL 32837	_____
_____	_____

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

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:

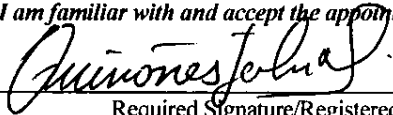
Name: JOHN M QUINONES  
Address: 13378 GLACIER NATIONAL DR # 1507  
ORLANDO FL 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN M QUINONES  
Address: 13378 GLACIER NATIONAL DR # 1507  
ORLANDO FL 32837

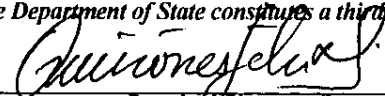
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/29/11  
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

03/29/11  
Date

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