

P11000035234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

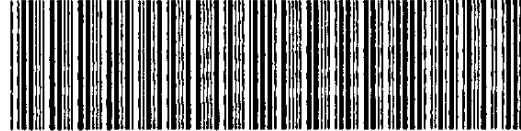
(Business Entity Name)

(Document Number)

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03/08/11--01030--006 \*\*78.75

FILED  
11 APR -8 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-16199  
W11-13755

K 04/11/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2011

DAPHNE L. MCBRIDE  
1311 SHABALAD BLVD. #8  
OPA-LOCKA, FL 33054-3429

SUBJECT: DAPHNE L. MCBRIDE INCORPORATION  
Ref. Number: W11000016199

We have received your document for DAPHNE L. MCBRIDE INCORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00006908



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2011

DAPHNE L. MCBRIDE  
1311 SHABALAD BLVD. #8  
OPA-LOCKA, FL 33054-3429

SUBJECT: D.MAC ENTERPRISE, INCORPORATION  
Ref. Number: W11000013755

We have received your document for D.MAC ENTERPRISE, INCORPORATION 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6949.

## COVER LETTER

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

SUBJECT: DAPHNE L. MCBRIDE INCORPORATED  
(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: DAPHNE L. MCBRIDE  
Name (Printed or typed)

1311 SHARAZAD BLVD. #8  
Address

OPA-LOCKA, FLA. 33054-3429  
City, State & Zip

305-772-2256  
Daytime Telephone number

daphne.mcbride@rocketmail.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**

DAAPHNE L. MCBRIDE INCORPORATED  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1311 SHARAZAD BLVD. #8  
OPA-LOCKA, FL 33054-3429

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
CONCERT PROMOTER

**ARTICLE IV SHARES**

The number of shares of stock is 500

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

Name and Title: CLARENCE A. MCBRIDE  
Address: 1311 SHARAZAD BLVD. #8  
OPA-LOCKA, FLA 33054-3429  
DIRECTOR

Name and Title: CAJE' A. MCBRIDE  
Address: 1311 SHARAZAD BLVD. #8  
OPA-LOCKA, FLA 33054-3429  
DIRECTOR

Name and Title: CORTEZ A. T. BENNETT  
Address: 1311 SHARAZAD BLVD. #8  
OPA-LOCKA, FLA 33054-3429  
DIRECTOR

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: DAAPHNE L. MCBRIDE  
Address: 1311 SHARAZAD BLVD #8  
OPA-LOCKA, FLA 33054

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAAPHNE L. MCBRIDE  
Address: 1311 SHARAZAD BLVD. #8  
OPA-LOCKA, FL 33054-3429

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

Daaphne L. MCBride

Required Signature/Registered Agent

04-06-11

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.

Daaphne L. MCBride

Required Signature/Incorporator

04-06-11

Date