

P/1000038035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

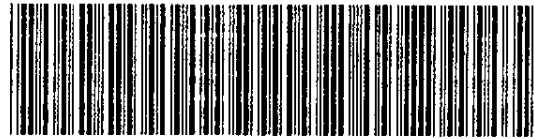
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/25/11--01017--004 **70.00.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 19 PM 2:28

FILED

π 04/20/11

W11-17810



RECEIVED

11 APR 19 AM 11:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2011

RAFAEL SANTIAGO
9002 ALEXANDRA CIRCLE
WELLINGTON, FL 33414

SUBJECT: DELSANTI ENTERPRISES, INC.
Ref. Number: W11000017810

We have received your document for DELSANTI ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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: 111A00007645



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 APR -8 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 29, 2011

RAFAEL SANTIAGO
9002 ALEXANDRA CIRCLE
WELLINGTON, FL 33414

SUBJECT: DELSANTI ENTERPRISES, INC.
Ref. Number: W11000017810

We have received your document for DELSANTI ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) #1 - (Name of Corporation).

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: 111A00007645

COVER LETTER

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

SUBJECT: DelSanti Enterprises, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Rafael Santiago
Name (Printed or typed)

9002 Alexandra Circle
Address

Wellington, Florida 33414
City, State & Zip

561-301-7008
Daytime Telephone number

DelSanti@msn.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: DelSanti Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9002 Alexandra Circle
Wellington, FL 33414

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Formation of Freight Brokerage

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rafael Santiago, President
Address: 9002 Alexandra Circle
Wellington, FL 33414

Name and Title: _____
Address: _____

Name and Title: Angelica Delmar-Santiago, Director
Address: 9002 Alexandra Circle
Wellington, FL 33414

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: Rafael Santiago
Address: 9002 Alexandra Circle
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rafael Santiago
Address: 9002 Alexandra Circle
Wellington, FL 33414

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

Rafael Santiago
Required Signature/Registered Agent

April 2nd, 2011
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.

Rafael Santiago
Required Signature/Incorporator

April 2nd, 2011
Date