

P110000062963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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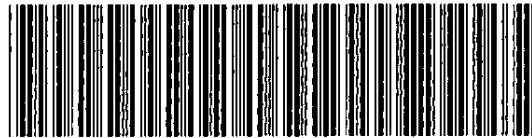
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUL 13 PM 12:28
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11/13/11

COVER LETTER

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

SUBJECT: DBC-T RIN 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: LOIS L SMITH
Name (Printed or typed)

P.O. BOX162173
Address

ALTAMONTE SPRINGS FLORIDA 32716-2173
City, State & Zip

1407-574-4588
Daytime Telephone number

SUPPORT@DEGRANDEBIOFUEL.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

DBC-TRIN CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1053 Maitland Center commons blvd
Suite 200
Maitland, Florida 32715

Mailing address, if different is:
Post Office Box 162173
Altamonte Springs Florida 32716-2173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
For profit

ARTICLE IV SHARES

The number of shares of stock is: 250,000,

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOIS L SMITH CEO/PRES
Address: 335 WYMORE ROAD
ALTAMONTE SPRINGS, FLORIDA
32714

Name and Title: RONALD W WHITTEN VICE/PRES.
Address: 2622 LILAC STREET
LONGVIEW WASHINGTON 98632
USA

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: LOIS L SMITH
Address: 335 WYMORE ROAD
ALTAMONTE SPRINGS, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOIS L SMITH
Address: 335 WYMORE ROAD
ALTAMONTE SPRINGS FL 32714

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

Lois L. Smith
Required Signature/Registered Agent

JULY 12, 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.

Lois L. Smith
Required Signature/Incorporator

JULY 12, 2011
Date

FILED
13 JUL 13 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA