

P11000066533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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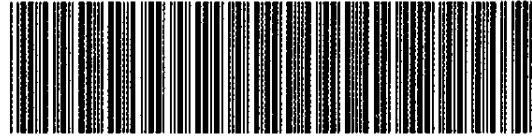
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/22/11--01021--011 **87.50

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11 JUL 22 AM 11:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
7/25

COVER LETTER

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

SUBJECT: _____

~~DBC3 Enterprises Inc.~~ **DBC3, Inc.**
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

DEC

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: _____

Dan Benners Cross III

Name (Printed or typed)

6650 Marina Pointe Village Court #306

Address

Tampa, FL 33635

City, State & Zip

518-253-0172

Daytime Telephone number

d.bencross@gmail.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: ~~DBC3 Enterprises, Inc.~~ DBC3, Inc. (DBC)

ARTICLE II PRINCIPAL OFFICE

Principal street address
6650 Marina Pointe Village Ct.
#306
Tampa, FL 33635

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide business services to clients, including, but not limited to logistics, BPO and sales and marketing support!

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: D. Ben Cross, President
Address: 6650 Marina Pointe Village Ct.
#306
Tampa, FL 33635

Name and Title: _____
Address: _____

Name and Title: Olivia Cross, Director
Address: 6650 Marina Pointe Village Ct.
#306
Tampa, FL 33635

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:

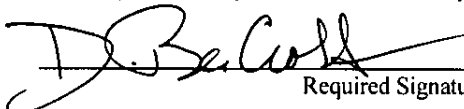
Name: D. Ben Cross
Address: 6650 Marina Pointe Village Ct. #306
Tampa, FL 33635

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: D. Ben Cross
Address: 6650 Marina Pointe Village Ct. #306
Tampa, FL 33635

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

 D. Ben Cross
Required Signature/Registered Agent

7/18/11
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.

 D. Ben Cross
Required Signature/Incorporator

7/18/11
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA