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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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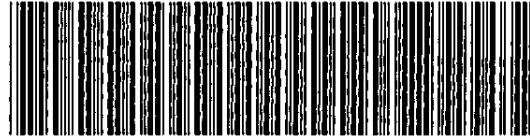
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Dynamic Business Advisers, 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Myriam Murphy

Name (Printed or typed)

642 Lakescene Drive

Address

Venice, FL 34293

City, State & Zip

(941) 237-8547

Daytime Telephone number

Myriam.Murphy@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: **Dynamic Business Advisers, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

**642 Lakescene Drive
Venice, FL 34293**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for profit

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Myriam Murphy, President**

Address: **642 Lakescene Drive
Venice, FL 34293**

Name and Title: _____

Address: _____

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: **Myriam Murphy**

Address: **642 Lakescene Drive
Venice, FL 34293**

ARTICLE VII INCORPORATOR

The ~~name and address~~ of the Incorporator is:

Name: **Myriam Murphy**

Address: **642 Lakescene Drive
Venice, FL 34293**

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

Myriam Murphy

Required Signature/Registered Agent

7/21/11

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.

Myriam Murphy

Required Signature/Incorporator

7/21/11

Date