

P11000071279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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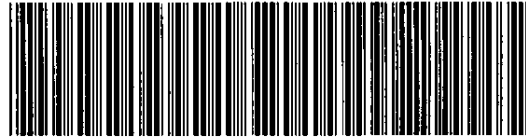
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/11--01029--024 **78.75

2011 AUG -8 PM 4: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2 Bureh AUG 9 2011

COVER LETTER

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

SUBJECT: DSD Management Services, 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: Daniel DeFini

Name (Printed or typed)

755 Waverly Avenue, Suite 104

Address

Holtsville, NY 11742

City, State & Zip

631-475-7900

Daytime Telephone number

Kim@csgjobs.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

DSD Management Services, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1980 North Atlantic Avenue
Suite 411
Cocoa Beach, FL 32931

Mailing address, if different is:

755 Waverly Avenue
Suite 104
Holtsville, NY 11742

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Administrative Management Services.

ARTICLE IV SHARES

The number of shares of stock is 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel DeFini
Address: 10 Dairy Lane
Mt. Sinai, FL 32766

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:

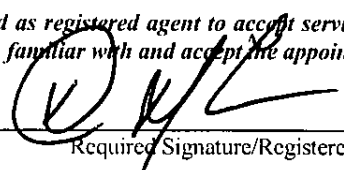
Name: Daniel DeFini
Address: 4870 Winchester Drive
Titusville, FL 32780

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel DeFini
Address: 10 Dairy Lane
Mt. Sinai, NY 11766

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

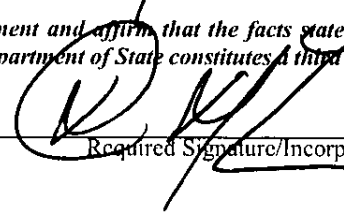


Required Signature/Registered Agent

8/2/11

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.



Required Signature/Incorporator

8/2/11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA