P11000080501

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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9/17 8/16 WN 01990 47703

COVER LETTER

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

SUBJECT: DIJORE DESIGNS IN (PROPOSED CORPOR	JCORPORATED
(PROPOSED CORPOR	ATE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	, and a second s
FROM: STEPHANIE GRAN	JT
Nam	e (Printed or typed)
3907 GOLDEN BE	AR CT, APT 713
	Address
ORLANDO, FL 3	2839
City	, State & Zip
407-729-5838	T. I L
•	Telephone number
Sgrant@DIJORED E-mail address: (to be use	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 11 SEP-9 AMII: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 16, 2011

STEPHANIE GRANT 3907 GOLDEN BEAR CT APT 713 ORLANDO, FL 32839

SUBJECT: DIJORE DESIGNS INCORPORATED

Ref. Number: W11000042705

We have received your document for DIJORE DESIGNS INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filled and is being returned for the following correction(s):

Tifie document must contain a registered agent with a Florida street address and assigned statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 311A00019163

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the co	NAME Dijore Designs Incorpora poration shall be:	ted		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:	
3	907 Golden Bear Ct. Apt 713	wanting that		
	rlando, FL			
32	2839			
ARTICLE III	PURPOSE			
The purpose for wl	nich the corporation is organized is:			
	of this corporation is to design and alt			
fund raisers a	nd events and to increase awareness	for sickle cell anemia	9.	
ARTICLE IV				
The number of shar	es of stock isD			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	3		
Name and Ti	lc:Reginald Camacho, President	Name and Title:		
Address:	273A Pine Valley Rd	Address:		
	Saint Cloud, FL			
	34769			
Name and Ti	lle:Stephanie Grant, Vice President	Name and Title:		
Address:	3907 Golden Bear Ct	Address:		
	Apt 713 Orlando, FL 32839			
	Orlando, FL 32839			
Name and Ti	ile:	Name and Title:	stating of the	
Address:		Address:		
		· -	and.	
	REGISTERED AGENT	d		
The name and Flor Name:	ida street address (P.O. Box NOT acceptable) of STEPHANIE (SCANT	ne registered agent is:	香 農 宏	
Address:	3701 GOLDEN REAR OF APT TI	3		
riddioss.	ORLANDO, FL 32839		SSELV SSELV	
	•			
	INCORPORATOR			
	ress of the Incorporator is:		29.00 Vi	
Name: Address:	Stephanie Grant 3907 Golden Bear Ct, Apt 713		1976 1976 1976	
Address.	Orlando, FL 32839		7	
Umina ban nama	d as registered agent to accept service of process	for the above stated comon	ation at the place designated in	
	u us registered agent to accept service of process, i familiar with find accept the appointment as regis			
	_ //			
(Sal			9/6/2011	
	Required Signature/Registered Agent		Date	
F 1 14 - 3 1 - 1		4 T		
	ment and affirm that the facts stated herein are i			
woxument to the De	partment of State constitutes a third degree felony	us provideu jor in s.61/.155	y E 11.30	
1.	HA W		August 15, 2011	
<u>ب</u>	Required Signature/Incorporator		August 15, 2011 Date	
	reduing pigname montorare			