

P110000083339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

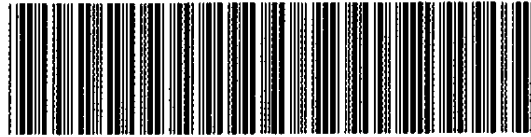
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
11 SEP 22 PM 12:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 SEP 22 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22/9

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

DANIEL'S Cell Phones

(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 FARINO

Name (Printed or typed)

14 Shawnee Trail

Address

Crawfordville FL 32327

City, State & Zip

850-510-5999

Daytime Telephone number

dofarino@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:

Daniel's Cell phones Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14 Shawnee Trail

Crawfordville FL 32327

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Employment

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Daniel Farino

Address: 14 Shawnee Trail

Crawfordville FL 32327

Name and Title: President

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 Farino

Address: 14 Shawnee Trail

Crawfordville FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Daniel Farino

Address: 14 Shawnee Trail

Crawfordville FL 32327

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

[Signature]

Required Signature/Registered Agent

9/22/11

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.

[Signature]

Required Signature/Incorporator

9/22/11

Date

**FILED**  
11 SEP 22 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA