

P11000092545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

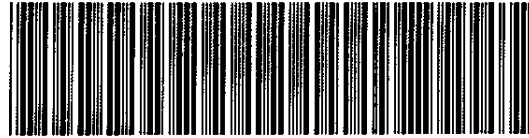
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200213363652

10/21/11--01010--005 **78.75

FILED
11 OCT 21 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/24

COVER LETTER

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

SUBJECT: **DIGITAL DYNAMICS CORPORATION**
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Pablo Daniel Elman**
Name (Printed or typed)

6579 Banyan Blvd
Address

Loxahatchee, Florida 33470
City, State & Zip

(561)762-8106
Daytime Telephone number

digitaldynamicsone@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 Digital Dynamics Corporation
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6579 Banyan Blvd.
Loxahatchee, Florida 33470

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Conduct computer services in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pablo Daniel Elman, President
Address: 6579 Banyan Blvd.
Loxahatchee, Florida 33470

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: Pablo Daniel Elman
Address: 6579 Banyan Blvd.
Loxahatchee, Florida 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pablo Daniel Elman
Address: 6579 Banyan Blvd.
Loxahatchee, Florida 33470

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

October 18th 2011

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

October 18th.2011

Date

FILED
11 OCT 21 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA