0001047 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000277688 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PADRO AND COMPANY, P.A.
Account Number : 120050000094
Phone : (305)500-9361
Fax Number : (305)500-9492

Bnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. annual report mailings. Enter only one email address please.**

		•		
Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION

Valca Corporation

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help T. Burch DEC

COVER LETTER

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

SUBJECT: DAS DUAS						
(PROPOSED CORPORA	TE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED					
FROM: Padro & Company, P.A. Name (Printed or typed)						
2520 NW 97 Ave , suite 120 Address						
Miami, FL 33172 City, State & Zip						
305-500-9361 Daytime Telephone number						
raquel@padrocpa.com E-mail address: (to be used for future annual report notification)						

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

Please change To: DASDUAS Cosp.

December 7, 2011

PADRO AND COMPANY PA

SUBJECT: DELAS CORPORATION

REF: W11000061273

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is p97000058201 DELA INC.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers

FAX Aud. #: H11000277688

850-617-6381 12/7/2011 10:54:23 AM PAGE 2/002 Fax Server

Regulatory Specialist II Letter Number: 911A00027361
New Filing Section

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

AKTICLE I	NAME	CALLAS	" A oxch	
The name of the	corporation shall be. 293	SDUAS	e or p	
ARTICLE II	PRINCIPAL OFFICE	•	•	
	Principal street address		Mailing address	s if different is:
	5562 NW 112 Ct.			
	Miami, Fl. 33178			
			·	
ARTICLE III	PUBDOSE			
	which the corporation is organized is	ı:		• • • • • • • • • • • • • • • • • • • •
Lawful buist	ness activities			
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ARTICLE IV	SHARES			유럽 4
The number of sh	ares of stock is: 2,500 @ \$	1.00 each.		TATE ORIDA
ADDIOLD T	INITIAL OFFICERS AND/OR		•	>
Mr. Morra and "	Tide: Rogerio de Laurenzio		ne and Title:	
Address:	5562 NW 112 Ct.	Add	te and True:	······································
	Miami, FL_33178			
N1 2 7	Flat	3 7	- 1/8/0	
Address:	Title:	Nan		
Mudicas,				
N	Pint.			
Name and I	[itle:	Nan	e and Title:	
Mum cas.		7500		
			·	·
ARITCLE VI	REGISTERED AGENT			
иле <u>пите ина га</u> Name:	orida street address (P.O. Box NOT Jose F. Padro		gistered agent is:	
Address:	2520 NW 97 ave 120			
	Miami, FL 33172			•
4 m.man - to 1997	•			
	INCORPORATOR drass of the Incorporator is:			
ine <u>manne and ad</u> Name:	Rogerio De Laurenzio	•		
Address:	5562 NW 112 Ct			
,	Miami, FL 33178	`		
· ·				
tavong beest nam kls certificate. I a	ed as registered agent to accept serv in familiar with and accept the appoi	ick of process for in Atment as registered	e agove simen corporation agent and notes to act in th	ar ine piace aesignates in As conocio
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وسُدت	Required Signature/Registers			//- ショー// Date
	Recutired Signature/Registers	d Apent		Dota
submit this docu	iment and officer that the facts state	d herein are true. I	am aware that the false i	oformation submitted in a
icilment to the D	epartment of State constitutes a third	døgree felony as pro	rvided for in s.817.155, F.S.	
		,		11 22 11
	Required Signature/Incom			11-49-11
	Cacedinnon Signamuc, mooth	nusioi .		Date