

P 120000007426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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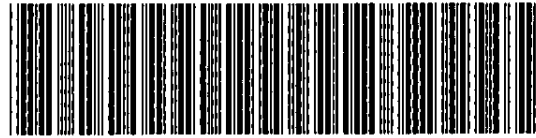
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 JAN 23 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/23/12

COVER LETTER

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

SUBJECT: DLS ENTERPRISES, 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: DONNA L SALTERS

Name (Printed or typed)

P O BOX 3682

Address

TALLAHASSEE, FL 32315

City, State & Zip

850-284-3622

Daytime Telephone number

donnasalters@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 23 PM 2:07

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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:

DLS ENTERPRISES of Havana, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

2719 WEST THARPE STREET #34
TALLAHASSEE, FL 32303

Mailing address, if different:

12 JAN 23 PM 2:07
P O BOX 3682
TALLAHASSEE, FL 32315
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DLS Enterprises, Inc, is being organized to establish a legal entity of operation for a business for the development, sales and distribution of specialty steering wheel covers and the Jesus-America product line.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONNA L SALTERS

Address: 2719 WEST THARPE STREET, #34
TALLAHASSEE, FL 32303

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: DONNA L SALTERS

Address: 2719 WEST THARPE STREET, #34
TALLAHASSEE, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DONNA L SALTERS

Address: 2719 WEST THARPE STREET #34
TALLAHASSEE, FL 32303

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

Date

1/23/2012

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

Date

1/23/2012