

P12000020109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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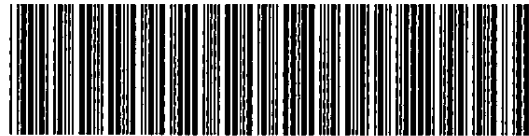
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

144

COVER LETTER

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

SUBJECT: **DDM SOARES, 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: **MarShawn V Soares**

Name (Printed or typed)

200 NW 86th Terrace

Address

Coral Springs, FL 33071

City, State & Zip

954-614-5967

Daytime Telephone number

ddmsoares@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 DDM SOARES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
200 NW 86th Terrace
Coral Springs, FL 33071

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Said corporation is organized exclusively for business purposes.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MarShawn V Soares President, Secretary, Treasurer Address: 200 NW 86th Terrace Coral Springs, FL 33071	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: MarShawn V Soares
Address: 200 NW 86th Terrace
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MarShawn V Soares
Address: 200 NW 86th Terrace
Coral Springs, FL 33071

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

2/21/2012

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

2/21/2012

Date