

P12000023005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

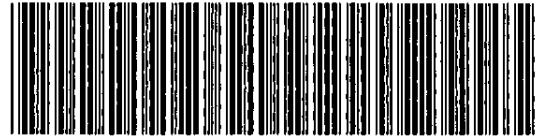
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -7 PM 2:47

Ps 3/8/12

## COVER LETTER

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

SUBJECT: Dynamic Resolution Group, 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: Aurora M. Riera

Name (Printed or typed)

5815 Galleon Way

Address

Tampa, FL 33615

City, State & Zip

813 855-3540

Daytime Telephone number

aurorariera@hotmail.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Dynamic Resolution Group, Inc.

12 MAR -7 PM 2:47

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5815 Galleon Way  
Tampa, FL 33615

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares

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

Name and Title: Aurora M. Riera, President  
Address: 5815 Galleon Way  
Tampa, FL 33615

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: Aurora M. Riera  
Address: 5815 Galleon Way  
Tampa, FL 33615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Aurora M. Riera  
Address: 5815 Galleon Way  
Tampa, FL 33615

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

*Aurora M. Riera*

AURORA M. RIERA

02/28/12

Required Signature/Registered Agent

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.

*Aurora M. Riera*

AURORA M. RIERA

02/28/12

Required Signature/Incorporator

Date