

P120000062078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

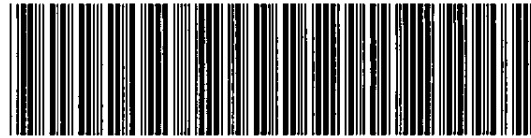
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400237100784

07/05/12--01024--009 \*\*70.00

W12-  
35800

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 16 PM 1:26

Am = 1/1/12

## COVER LETTER

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

**SUBJECT:** DJN Consulting 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:** Donald Nappi

Name (Printed or typed)

PO Box 51617

Address

Lighthouse Point, FL 33074

City, State & Zip

954-644-9950

Daytime Telephone number

dnappi@bellsouth.net

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 JUL 16 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 6, 2012

DONALD NAPPI  
PO BOX 51617  
LIGHTHOUSE POINT, FL 33074

SUBJECT: DJN CONSULTING INC  
Ref. Number: W12000035900

We have received your document for DJN CONSULTING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00018238

CHANGED TO:  
DJN CONSULTING GROUP, INC.

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:

~~DJN Consulting Inc~~ **DJN CONSULTING GROUP INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4440 N. Ocean Blvd.

#2

Delray Beach, FL 33483

Mailing address, if different is:

PO Box 51617

Lighthouse Point, FL 33074

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide IT Security consulting practices

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **Donald Nappi, President**

Address: **PO Box 51617**

**Lighthouse Point, FL 33074**

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: **Donald Nappi**

Address: **4440 N. Ocean Blvd. #2**

**Delray Beach, FL 33483**

**ARTICLE VII INCORPORATOR**

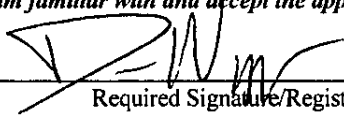
The name and address of the Incorporator is:

Name: **Donald Nappi**

Address: **PO Box 51617**

**Lighthouse Point, FL 33483**


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

7/1/12

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

7/1/12

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 16 PM 1:26