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COVER LETTER

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

SUBJECT: DOMINGUEZ DYNASTIES, 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: Claudia D. Dominguez
Name (Printed or typed)

7541 NW 16th Street #1210
Address

Plantation, FL 33313
City, State & Zip

(305) 450-1964
Daytime Telephone number

misscloud7@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

Dominguez Dynasties, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7541 NW 16th Street # 1210
Plantation, FL 33313

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business. This Corporation's main purpose is to provide Massage Therapy Sessions in Client's home or work place by a Licensed Massage Therapist.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia D. Dominguez, President
Address: 7541 NW 16th Street # 1210
Plantation, FL 33313

Name and Title: Claudia D. Dominguez, Vice President
Address: 7541 NW 16th Street # 1210
Plantation, FL 33313

Name and Title: Claudia D. Dominguez, Secretary
Address: 7541 NW 16th Street # 1210
Plantation, FL 33313

Name and Title: Claudia D. Dominguez, Treasurer
Address: 7541 NW 16th Street # 1210
Plantation, FL 33313

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: Claudia D. Dominguez, LMT
Address: 7541 NW 16th Street, #1210
Plantation, FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Claudia D. Dominguez, LMT
Address: 7541 NW 16th Street, #1210
Plantation, FL 33313

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.

Claudia Dominguez
Required Signature/Registered Agent

7.10.2012
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.

Claudia Dominguez
Required Signature/Incorporator

7.10.2012
Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS