

71300004954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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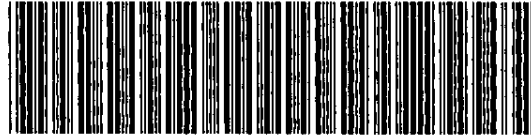
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED JAN 15 2013

COVER LETTER

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

SUBJECT: DYNAMIC WAVES OF CHANGE, 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: DARREN G. CEFALU

Name (Printed or typed)

635 EUCLID AVENUE APT 101

Address

MIAMI BEACH, FL. 33139

City, State & Zip

305-528-1165

Daytime Telephone number

CNICOTRA0103@COMCAST.NET

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

The name of the corporation shall be: DYNAMIC WAVES OF CHANGE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

635 EUCLID AVENUE

APT 101

MIAMI BEACH, FL. 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THERAPY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARREN G. CEFALU/PRES & SECY

Name and Title: _____

Address 635 EUCLID AVENUE

Address: _____

APT 101

MIAMI BEACH, FL. 33139

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

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(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

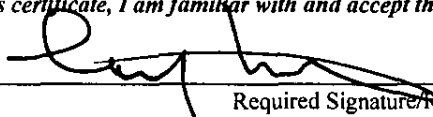
Name: CAROLYN NICOTRA
Address: 8948 SW 21ST COURT APT A
BOCA RATON, FL. 33433

ARTICLE VII INCORPORATOR

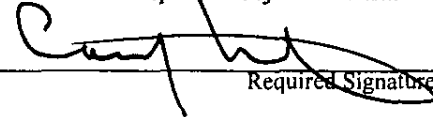
The name and address of the Incorporator is:

Name: CAROLYN NICOTRA
Address: 8948 SW 21ST COURT APT A
BOCA RATON, FL. 33433

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

 _____ 01/09/2013
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.

 _____ 01/09/2013
Required Signature/Incorporator Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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