

P/3000006934

(Requestor's Name)

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(City/State/Zip/Phone #)

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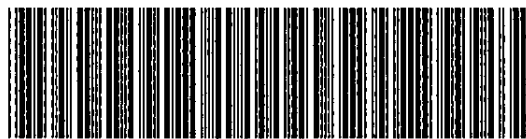
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 01/22/13

COVER LETTER

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

SUBJECT: DELSMOTT 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: SCOTT DEHMLER / DELLA DEHMLER
Name (Printed or typed)

201 BAILEY ROAD
Address

BIG PINE KEY, FLORIDA 33043
City, State & Zip

1-386-631-8333
Daytime Telephone number

DELSMOTT, INC. @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

The name of the corporation shall be: DELSOTT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

201 BAILEY ROAD
BIG PINE KEY, FLORIDA
33043

BOX 430423
BIG PINE KEY,
FLORIDA 33043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING SERVICES
MAINTENANCE ENGINEERING.

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOTT DEHMLER
PRESIDENT

Address:

201 BAILEY ROAD
BIG PINE KEY, FLORIDA
33043

Name and Title: DELLA DEHMLER
SECRETARY/TREASURER

Address:

201 BAILEY ROAD
BIG PINE KEY, FLORIDA
33043

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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: DR. WILLIAM J. LOCKHART
Address: 281 GEORGETOWN SHORTCUT ROAD
CRESCENT CITY FLORIDA 32112

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR. WILLIAM J. LOCKHART
Address: 281 GEORGETOWN SHORTCUT ROAD
CRESCENT CITY, FLORIDA 32112

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TALLAHASSEE, FLORIDA

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

DR. WILLIAM J. LOCKHART
Required Signature/Registered Agent
DR. WILLIAM J. LOCKHART

JANUARY 15, 2013
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.

DR. WILLIAM J. LOCKHART
Required Signature/Incorporator
DR. WILLIAM J. LOCKHART

JANUARY 15, 2012
Date