

P130000012090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

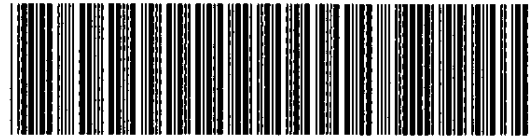
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300244212963

02/04/13--01021--022 **87.50

FILED
13 FEB -4 PM 3:20
RECEIVED OF STATE
TOLSON, RICHARD L.

1/H

COVER LETTER

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

SUBJECT: DCD and D, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Dorothy Pierre
Name (Printed or typed)

19821 NW 2nd Ave # 231
Address

Miami, FL 33169
City, State & Zip

786-477-0764
Daytime Telephone number

dorothy.pierre@yahoo.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: DCD and D, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19821 NW 2nd Ave

231

Miami, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide mental health and substance abuse service.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dorothy Pierre, CEO/President Name and Title: _____

Address 19821 NW 2nd Ave Address: _____

231

Miami, FL 33169

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
13 FEB -4 PM 3:20
SOUTH FLORIDA
1001 N. W. 10TH ST.
MIAMI, FL 33136

(cont.)

FILED

13 FEB -4 PM 3:20

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: Dorothy Pierre
Address: 19821 NW 2nd Ave
231 Miami, FL 33169

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dorothy Pierre
Address: 19821 NW 2nd Ave
231 Miami, FL 33169

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

Dorothy Pierre
Required Signature/Registered Agent

01-25-13
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.

Dorothy Pierre
Required Signature/Incorporator

01-25-13
Date