

PI3000014376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

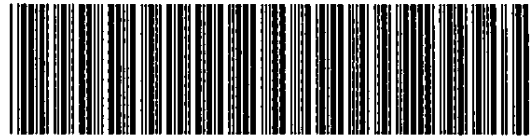
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-7930

## COVER LETTER

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

**SUBJECT: DRJ Graphics, Inc. dba Designs Plus Signs**  
(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: Damian J. Rosado  
Name (Printed or typed)

1828 Cypress Preserve Drive #104  
Address

Lutz, Fl. 33549  
City, State & Zip

813-469-5647  
Daytime Telephone number

designsplus1@tampabay.rr.com ✓  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2013

DAMIAN J ROSADO  
1828 CYPRESS PRESERVE DR #104  
LUTZ, FL 33549

SUBJECT: DRJ GRAPHICS DBA DESIGNS PLUS SIGNS  
Ref. Number: W13000007930

We have received your document for DRJ GRAPHICS DBA DESIGNS PLUS SIGNS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 213A00003189

**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:

DRJ Graphics Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

26612 Magnolia Blvd.

Lutz, Fl. 33559

Mailing address, if different is:

1828 Cypress Preserve Drive #104

Lutz, Fl. 33549

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Fabrication of all types of signs and

Printing to include business cards, letter heads, flyers, banners etc.

Printing on paper and vinyl substrate.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title: Damian J. Rosado, Pres.

Address: 1828 Cypress Preserve Drive #104

Lutz, Fl. 33549

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Ashley Davis, Secy.

Address: 1828 Cypress Preserve Drive #104

Lutz, Fl. 33549

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(cont.)

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: Damian J. Rosado  
Address: 1828 Cypress Preserve Drive #104  
Lutz, Fl. 33549

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Damian J. Rosado  
Address: 1828 Cypress Preserve Drive #104  
Lutz, Fl. 33549

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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.*

\_\_\_\_\_  
Required Signature/Registered Agent

1/29/2013

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.*

\_\_\_\_\_  
Required Signature/Incorporator

1/29/2013

Date