

P/300002/609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

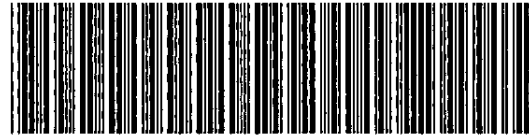
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/19/13--01003--021 \*\*78.75

13 MAR -7 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

WB-10525

03/08/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2013

KYLE PARSONS  
13804 LACEBARK PINE RD.  
ORLANDO, FL 32832

SUBJECT: DOSSIER, INC.  
Ref. Number: W13000010525

RECEIVED  
13 MAR -7 AM 11:39

We have received your document for DOSSIER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L11000037082 (DOSSIER LLC).

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00004230

## COVER LETTER

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

SUBJECT: Dossier, 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: Kyle Parsons  
\_\_\_\_\_  
Name (Printed or typed)  
13804 Lacebark Pine Rd.  
\_\_\_\_\_  
Address  
Orlando, FL 32832  
\_\_\_\_\_  
City, State & Zip  
407-595-0191  
\_\_\_\_\_  
Daytime Telephone number  
kparsons0@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: Dossier App inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13804 Lacebark Pine Rd.

Orlando, FL 32832

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: iOS Application Development

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Kyle Parsons - Director

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

Address: 13804 Lacebark Pine Rd.

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

Orlando, FL

Name and Title: Himanshu Chaudhary - Treasurer

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

Address: 2000 Hamilton Ln.

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

Orlando, FL 32806

Name and Title: David Parsons - Secretary

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

Address: 13804 Lacebark Pine Rd.

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

Orlando, FL 32832

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: Kyle Parsons

Address: 13804 Lacebark Pine Rd.

Orlando, FL 32832

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

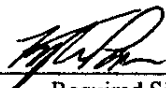
Name: Kyle Parsons

Address: 13804 Lacebark Pine Rd.

Orlando, FL 32832

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13 MAR - 7 PM 3:48  
SECRETARY OF STATE  
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*

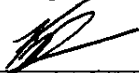


Required Signature/Registered Agent

2/19/13

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.*



Required Signature/Incorporator

2/14/13

Date