

P13000022097

(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



800245568648

03/11/13--01028--005 **70.00

FILED
13 MAR 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 12 2013

COVER LETTER

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

SUBJECT: DOLPHIN THRIFT STORE, 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: JESSICA PALMA

Name (Printed or typed)

6312 ROYAL HUNT DR, # 203

Address

TAMPA, FLORIDA, 33625

City, State & Zip

813-900-8183

Daytime Telephone number

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: DOLPHIN THRIFT STORE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6312 ROYAL HUNT DR # 203

TAMPA, FL, 33625

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL USED ITEMS AT A LOW PRICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JESSICA PALMA, PRESIDENT

Address 6312 ROYAL HUNT DR # 203
TAMPA, FL, 33625

Name and Title: AGUSTIN PALMA, TREASURER

Address: 6312 ROYAL HUNT DR 203
TAMPA, FL, 33625

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
13 MAR 11 PM 4:15
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: ELEUTERIO DELACRUZ
Address: 8605 MALLARD RESERVE DR # 104
TAMPA, FL, 33614

FILED
13 MAR 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: JESSICA PALMA
Address: 6312 ROYAL HUNT DR # 203
TAMPA, FL, 33625

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

03/05/2013

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

03/05/2013

Date