

PI3000031131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

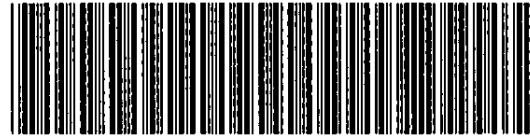
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 4/5

## COVER LETTER

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

**SUBJECT:** Del Mar Investigative, 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:** Alix Michel

Name (Printed or typed)

6680 NW 69th Court

Address

Tamarac, Florida 33321

City, State & Zip

954-325-8274

Daytime Telephone number

jonahzat@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: Del Mar Investigative Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different

6680 NW 69th Court

Tamarac, Florida 33321.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide investigations services.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Alix Michel - President

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

Address 6680 NW 69th Court

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

Tamarac, Florida 33321

Name and Title: Alix Michel - Treasury

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

Address 660 NW 69th Court

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

Tamarac, Florida 33321

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

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

(conti.)

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

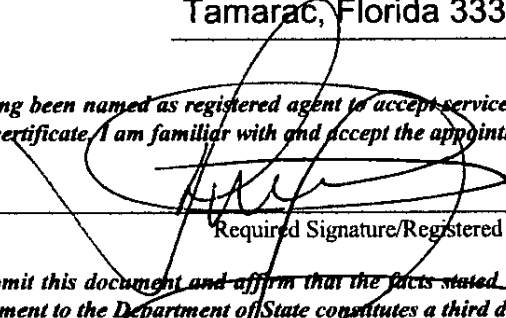
Name: Alix Michel - Agent  
Address: 6680 NW 69th Court  
Tamarac, Florida 33321

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alix Michel  
Address: 6680 NW 69th Court  
Tamarac, Florida 33321

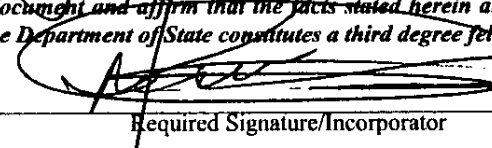
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

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

3/25/13

\_\_\_\_\_  
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.*

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

3/25/13

\_\_\_\_\_  
Date