P13000075347

(Req	uestor's Name)	
(Add	ress)	· · · · · · · · · · · · · · · · · · ·
(Add	ress)	
(City,	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	. MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
W3-48	092	

Office Use Only



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2013 SEP | | PM 2: 04

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COVER LETTER

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

SUBJECT: D &	L Designs Corp		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: C	Smaida Morales	e (Printed or typed)	
Q.	338 sw 143 ct	e (Finited of typed)	
		Address	
M	liami, Fl 33186		
	City,	State & Zip	
7	86-343-8965		
	Daytime T	elephone number	

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

osmaida.morales@yahoo.com

E-mail address: (to be used for future annual report notification)



Division of Corporations

August 29, 2013

OSMAIDA MORALES 9338 SW 143 CT MIAMI, FL 33186

SUBJECT: D & L DESIGNS CORP Ref. Number: W13000048092

returned for the following correction(s):

We have received your document for D & L DESIGNS CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is:, document number.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Valerie Herring Regulatory Specialist II

Letter Number: 413A00020530

New Filing Section

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE I NAI	tion shall be: O & M Designs Co	ILD STATES OF CE	JRP0
		2013 SEP 1 1	PM
ICLE II PRI	INCIPAL OFFICE Principal street address	Mailing address, if different is:	* 14
38 sw 143	• •		
ami fl, 3318	36		
aiii ii, 00 i			
•	<u>-</u>		
TICLE III PUR	POSE the corporation is organized is: to do int	terior home designs	
purpose for which	the corporation is organized is:		
	#1 _ 12		
-			
	TIAL OFFICERS AND/OR DIRECTOR		
Name and Titl	_{e:} Osmaida Morales. Director	Name and Title:	
Address	9338 sw 143 ct	Address:	
	miami fl, 33186		
Name and Title	,	Name and Title:	
Address		Address:	
Name and Title			
	×	Name and Title:	
Address		Name and Title:	
	:		
		Address:	

(conti.)

SECRETARY OF STATE DIVISION OF CORPORATION

Name and	Title:	Name and Title:	2013 SEP I PM	2. Dr
Address		Address: _		c. U4
		-		
ARTICLE VI	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered age	nt is:	
Name:	Osmaida Morales			
Address:	9338 sw 143 ct	•		
	miami fl, 33186			
ARTICLE VII	INCORPORATOR			
The name and add	dress of the Incorporator is:			
Name:	Silvio Batista			
Address:	3462 nw 182 st	_		
	miami garden fl, 33056	-	•	
	ed as registered agent to accept service of process m familiar with and accept the appointment as region of the Agent Required Signature/Registered Agent			•
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon			
	Required Signature/Incorporator		Date	