

P13000081090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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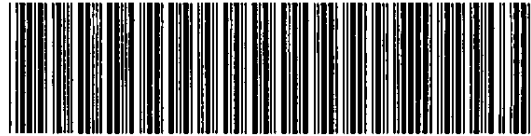
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 27 PM 4:05

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W13000050888

of 10/2/13

COVER LETTER

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

SUBJECT: Divastrut 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: Dominique Harkness

Name (Printed or typed)

2494 Shiprock Ct.

Address

Deltona, FL 32738

City, State & Zip

321-262-4414

Daytime Telephone number

DivastrutInc@yahoo.com

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

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2013

DOMINIQUE HARKNESS
2494 SHIPROCK CT.
DELTONA, FL 32738

SUBJECT: DIVASTRUT INC.
Ref. Number: W13000050888

We have received your document for DIVASTRUT INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 913A00021609

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: DIVASTRUT, INC.

13 SEP 27 PM 4:05

ARTICLE II PRINCIPAL OFFICE

Principal street address

2494 SHIPROCK CT.,
DELTONA, FL 32738

Mailing address, if different is:

2494 SHIPROCK CT.,
DELTONA, FL 32738

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOMINIQUE HARKNESS - P

Name and Title: _____

Address 2494 SHIPROCK CT.,

Address: _____

DELTONA, FL 32738

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: GULATI LAW, P.L.
Address: 409 MONTGOMERY ROAD, UNIT 131
ALTAMONTE SPRINGS, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOMINIQUE HARKNESS
Address: 2494 SHIPROCK CT.,
DELTONA, FL 32738

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

S. Gulati
Required Signature/Registered Agent

09/23/13
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.

Dominique Harkness
Required Signature/Incorporator

09/24/13
Date

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