

P12 0000 97897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

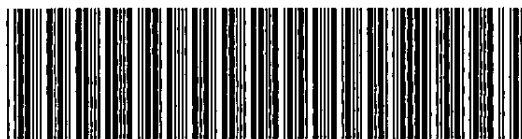
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_ ✓

Special Instructions to Filing Officer:

Office Use Only



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12/06/13--01035--003 \*\*78.75

13 DEC -6 AM 9:50  
RECEIVED  
FEB 13 2014  
FEB 13 2014

*[Handwritten signature]*

**COVER LETTER**

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

**SUBJECT: DelSanti Enterprises, Corp.**

**(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: Rafael Santiago**

Name (Printed or typed)

**9002 Alexandra Circle**

Address

**Wellington, FL 33414**

City, State & Zip

**561-301-7008**

Daytime Telephone number

**DelSanti@msn.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC -6 AM 9:50

**ARTICLE I NAME**

The name of the corporation shall be: DelSanti Enterprises, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9002 Alexandra Circle

Wellington, FL 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To form a profit Corporation.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Rafael Santiago, CEO

Name and Title: Angelica DelMar-Santiago, Treasurer

Address 9002 Alexandra Circle

Address: 9002 Alexandra Circle

Wellington, FL 33414

Wellington, FL 33414

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: Rafael Santiago  
Address: 9002 Alexandra Circle  
Wellington, FL 33414

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rafael Santiago  
Address: 9002 Alexandra Circle  
Wellington, FL 33414

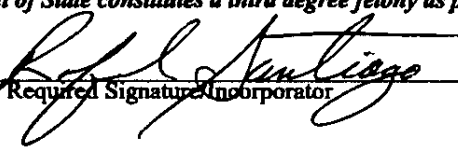
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature Registered Agent

12/03/2013

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

12/03/2013

Date