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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2014 JAN 30 AM 12:15

144

COVER LETTER

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

SUBJECT: **Delta Capital 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: **Darrion J Williams**

Name (Printed or typed)

17640 NW 18th Ave

Address

Miami Gardens, FL 33056

City, State & Zip

786-355-2252

Daytime Telephone number

djw001@msn.com

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

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

2014 JAN 30 AM 12:15

January 27, 2014

To whom it may concern

I Darrion J Williams has no intention of revocation of the dissolution for the said corporation:

Corporation: Delta Capital Inc.

Document #: P09000040623

And I am giving up all rights to corporate name:

Delta Capital Inc.

Regards

A handwritten signature in black ink, appearing to read 'D - J Williams', written over a horizontal line.

Darrion J Williams

ARTICLE I NAMEThe name of the corporation shall be: Delta Capital Inc.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**ARTICLE II PRINCIPAL OFFICE**Principal street address2014 JAN 30 AM 12:15
Mailing address, if different is:17640 NW 18th AveSameMiami Gardens, FL 33056**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To conduct any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Darrion J Williams/DirectorName and Title: Darrion J Williams/PresidentAddress: 17640 NW 18th Ave
Miami Gardens, FL 33056Address: 17640 NW 18th Ave
Miami Gardens, FL 33056

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

2014 JAN 30 AM 12:15

ARTICLE VI REGISTERED AGENT

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

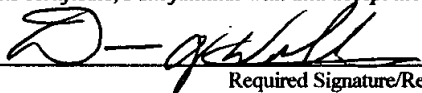
Name: Darrion J Williams
Address: 17640 NW 18th Ave
Miami Gardens, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

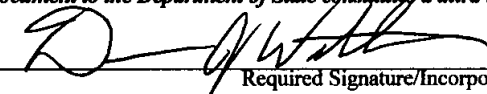
Name: Darrion J Williams
Address: 17640 NW 18th Ave
Miami Gardens, FL 33056

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

January 27, 2014
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

January 27, 2014
Date