

PH000033682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

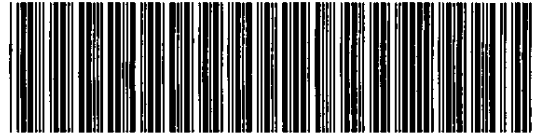
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/14--01015--012 **70.00

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14 APR 14 AM 11:34
SECRETARY OF STATE
PALM BEACH, FLORIDA

1114-18944

MD 4/16

COVER LETTER

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

SUBJECT: **D&T Installation, 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: **DARRYL OSBORN**

Name (Printed or typed)

908 WEST OHIO AVENUE

Address

TAMPA, FL 33603

City, State & Zip

813-404-4560

Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2014

DARRYL OSBORN
908 WEST OHIO AVENUE
TAMPA, FL 33603

SUBJECT: D&T INSTALLATION, INC.
Ref. Number: W14000018944

We have received your document for D&T INSTALLATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The registered agent must sign accepting the designation.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 214A00006398



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2014

DARRYL OSBORN
908 WEST OHIO AVENUE
TAMPA, FL 33603

SUBJECT: DARRYL AND TINA OSBORN INSTATATION, INC.
Ref. Number: W14000018944

We have received your document for DARRYL AND TINA OSBORN INSTATATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Corporation name appears to have a typographical error. Please verify and correct if necessary.

The registered agent must sign accepting the designation.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 214A00006398

COVER LETTER

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

SUBJECT: ~~D&T Installation, Inc.~~ INSTALLAT
(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: **DARRYL OSBORN**
Name (Printed or typed)

908 WEST OHIO AVENUE
Address

TAMPA, FL 33603
City, State & Zip

813-404-4560
Daytime Telephone number

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. (Profiteer)

ARTICLE I NAME

The name of the corporation shall be DARRYL AND TINA OSBORN
INSTALLATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

908 WEST OHIO STREET
TAMPA, FL 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL BUSINESS

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14 APR 14 AM 11:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARRYL OSBORN/PRESIDENT Name and Title: _____

Address: 908 WEST OHIO AVENUE Address: _____
TAMPA, FL 33603

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: DARRYL OSBORN

Address: 908 WEST OHIO AVENUE

TAMPA, FL 33603

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

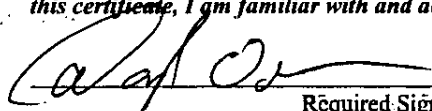
The name and address of the Incorporator is:

Name: DARRYL OSBORN

Address: 908 WEST OHIO AVENUE

TAMPA, FL 33603

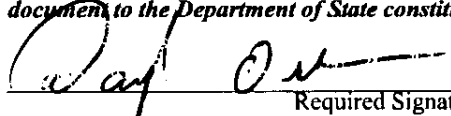
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4-10-14
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

3-14-14
Date