

P 14000034401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

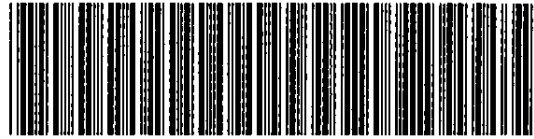
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/14--01010--005 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 16 PM 1:29

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DIVISION OF CORPORATIONS

W14-14236

4-17-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2014

SAMUEL BOZANICH
14163 WATERVILLE CIRCLE
TAMPA, FL 33626

SUBJECT: D.L.B. ENTERPRISES, INC.
Ref. Number: W14000014236

We have received your document for D.L.B. ENTERPRISES, INC. and your check(s) totaling \$78.75. 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.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 114A00004795



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2014

SAMUEL BOZANICH
14163 WATERVILLE CIRCLE
TAMPA, FL 33626

SUBJECT: D.L.B. ENTERPRISES, INC.
Ref. Number: W14000014236

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

14 APR 16 PM 3:39

RECEIVED

We have received your document for D.L.B. ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 114A00004795

COVER LETTER

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

SUBJECT: **DLBOZ, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Samuel Bozanich**

Name (Printed or typed)

14163 Waterville Circle

Address

Tampa, FL 33626

City, State & Zip

813-749-0726

Daytime Telephone number

sbozanich@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 16 PM 1:29

ARTICLE I NAME
The name of the corporation shall be: DLBOZ, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

14163 Waterville Circle
Tampa, Fl 33626

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and All Lawful Business

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel Bozanich, PD Name and Title: _____

Address 14163 Waterville Circle Address: _____
Tampa, Fl 33626S

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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:

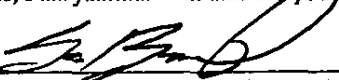
Name: Samuel Bozanich
Address: 14163 Waterville Circle
Tampa, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Samuel Bozanich
Address: 14163 Waterville Circle
Tampa, FL 33626

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

4-11-2014
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

4-11-2014
Date