

P14000036310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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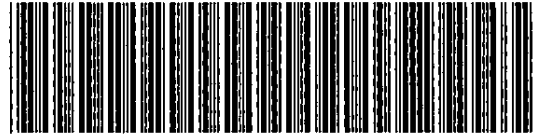
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/22/14--01012--004 \*\*35.00

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 22 PM 12:30

4-2314

**COVER LETTER**

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

SUBJECT: Dwell on site, 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Ruz Amparo Giraldo  
Name (Printed or typed)

38503 UNIVERSITY DR  
Address

P.O. BOX 280963 DAVIE FL. 33329-0863  
City, State & Zip

754-2147316  
Daytime Telephone number

Hollyruz1@hotmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: Dwell on site, Inc.

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SECRETARY OF STATE  
DIVISION OF CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14 APR 22 PM 12:30  
Mailing address, if different is:

38503 University Dr

P.O. Box 290963

Davie FL 33329-0963

**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: 1,000 @ \$1.00 par value

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

Name and Title: Luz A. Giraldo, President Name and Title: Carolina Mejia, Secretary

Address: 38503 University Dr Address: 38503 University Dr

P.O. Box 290963

PO Box 290963

Davie FL 33329-0963

Davie, FL 33329-0963

Name and Title: Luz A. Giraldo, Treasurer 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: Carolina Maria

Address: 38503 University Dr.  
Davie, FL 33329-0963

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Roz. A. Giraldo

Address: 38503 University Dr  
P.O. Box 290963  
Davie FL 33329-0963

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

Carolina Maria  
Required Signature/Registered Agent

4/11/14  
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.

Roz. A. Giraldo  
Required Signature/Incorporator

4/11/14  
Date