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(Business Entity Name)

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14 JUN 19 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 6/20

COVER LETTER

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

SUBJECT: Don DEBS 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: Andres Francisco Don
Name (Printed or typed)
65 West 4 Street, Unit 106
Address
Hialeah, FL 33010-4782
City, State & Zip
786-715-6186
Daytime Telephone number
keniadebs@yahoo.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

Don DEBS Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

65 West 4 Street, Unit 106

Hialeah, FL 33010-4782

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Delivery of general merchandise in Miami Dade County, Florida

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andres F. Don, President

Address 65 West 4 Street, Unit 106

Hialeah, FL 33010-4782

Name and Title: Kenia Debs, Secretary

Address: 65 West 4 Street, Unit 106

Hialeah, FL 33010-4782

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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:

Xpert-Serve Inc.
Name: _____
525 SW 67 Avenue
Address: _____
Miami, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andres F. Don
Name: _____
65 West 4 Street, Unit 106
Address: _____
Hialeah, FL 33010-4782

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TALLAHASSEE, FLORIDA

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

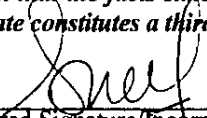


Required Signature/Registered Agent

6/12/14

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

6/12/14

Date