

P140000063573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

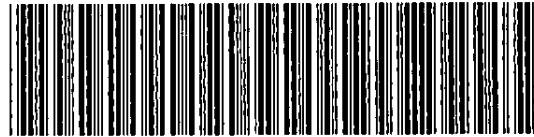
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W14000045906

B 7/34/14



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07/28/14--01001--014 **70.00

RECEIVED
DIVISION OF CORPORATE AFFAIRS
JUL 29 AM 8:59



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected

July 28, 2014

CORPORATE ACCESS, INC.

SUBJECT: DESMOND AUTO SALES & EXPORT
Ref. Number: W14000045906

We have received your document for DESMOND AUTO SALES & EXPORT 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 214A00016055

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DEPARTMENT OF STATE
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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

7-25-14

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

Inc

1.

Desmond Auto Sales & Export
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: DESMOND AUTO SALES & EXPORT
(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: Samuel Desmond Adedeji
Name (Printed or typed)
19170 NW 88th CT
Address
MIAMI LAKES, FLORIDA 33018
City, State & Zip
786-312-2713
Daytime Telephone number
Desmondcars@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

The name of the corporation shall be: Desmond Auto Sales & Export Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8431 NW 7TH AVENUE

MIAMI FL 33150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto Sales, Broker & exports.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel Desmond Adedeji

Name and Title: President/CEO

Address 19170 NW 88TH CT

Address:

MIAMI LAKES FL 33018

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

(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 Adedeji
Address: 19171 NW 88th CT
MIAMI FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

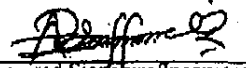
Name: Samuel Adedeji
Address: 19171 NW 88th CT
MIAMI LAKES FL 33018

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

07/25/2014
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

07/25/2014
Date

FILED
CORPORATE DIVISION
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