

P140000064096

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 JUL 31 PM 12:58
TO AGENCY OF
SUFFICIENCY OF FILING

14 JUL 31 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: Direct Satellite systems, 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: PRISCILLA FELDMAN

Name (Printed or typed)

5293 surf Side Dr

Address

ALTHA FL 32421

City, State & Zip

954-461-1671

Daytime Telephone number

pressureman0@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)

ARTICLE I NAME

The name of the corporation shall be: DIRECT SATELLITE SYSTEMS, EAC. Installs, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5293 SURF SIDE DR

ALTHA FL 32421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SATELLITE INSTALL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRISCILLA FELDMAN

Name and Title: _____

Address: 5293 SURF SIDE DR

Address: _____

ALTHA FL 32421

Name and Title: DAVID FELDMAN

Name and Title: _____

Address: 5293 SURF SIDE DR

Address: _____

ALTHA FL 32421

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

14 JUL 31 PM 1:15
SECRET
TALLAHASSEE FLORIDA

FILED

(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: PRISCILLA FELDMAN

Address: 5293 SURF SIDE DR
ALTHA FL 32421

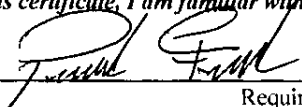
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PRISCILLA FELDMAN

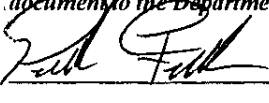
Address: 5293 SURF SIDE DR
ALTHA FL 32421

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

7/31/14
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

7/31/14
Date