P14000065391

(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

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07/21/14--01038--012 **78.75

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2014

SOPHIA GRIGIO 738 NW 1ST ST HALLANDALE BEACH, FL 33009

SUBJECT: DIRTY DEEDZ CORP. Ref. Number: W14000044915

We have received your document for DIRTY DEEDZ CORP. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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: 614A00015714

COVER LETTER

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

SUBJECT:		Deedz Co					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)							
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	a check for:				
\$70.00 Filing Fee	Filing Fee & Certificate of Status already Submitted and cashed pee enclosed Copy 1	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status				
FROM:	Soph	ia 6Vigio (Printed or typed)					
	Box 3075						
	HALLANDALO, F1 33008 City, State & Zip 786 356 8282 Daytime Telephone number						
	grigio. Sophia @ GHAMILLOT						
	a r	i for future annual report r	@ GHAIL (OH)				

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)

	ntion shall be:	Diety	Deedz C	orp.		
ARTICLE II PRI	Principal street address NW \ S +	FL 33009	Mail Be	ing address, if differ SX 3075 LLANAPL	rent is:	<u> </u>
	PPOSE the corporation is organic	zed is:		<u> </u>	<u> </u>	 +
	7	For a	profess	iimst C	rupa	Atic
		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
The number of shares of	TIAL OFFICERS ANI		_		MA 1- SUA MIL	DIVISION OF CREE
The number of shares of	stock is: FIAL OFFICERS AND SOPHIA GREG BOX 3079 HULLANDAL	io (ED	S Name and Title: Address:		AUG -4 AM D: 5	A STATE OF S
The number of shares of ARTICLE V INT Name and Title Address	stock is: FIAL OFFICERS AND SOPHIA GREG BOX 3079 HULLANDAL	io (EO 3 ,Fl 33008	Name and Title: Address: Name and Title: Address:		-4 AM ID: 51	

Name and Ti	tle: Name and Title:	
Address	Address:	
	 	
ARTICLE VI R	EGISTERED AGENT	5.
	a street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Sophia Grigio	AUG AUG
Address: _	1-1411ANDALO, FI 33009.	
	1-1411Andalo K1 33007.	
	, , , , , , , , , , , , , , , , , , , ,	5 3
ARTICLE VII IN	ICORPORATOR	5
The name and addre	ss of the Incorporator is:	**
Name:	Sophiu brigio	
Address:	738 NW 151 54	
Addiess.	Sophiu brigio 738 NW 151 St HALLANDAL FL 33008	
	as registered agent to accept service of process for the above stated corp.	
this certificate, I am J	familiar with and accept the appointment as registered agent and agree to	act in this capacity
	Required Signature/Registered Agant Sophia Grigio	7.30-14
	Required Signature/Registered Agant Sophia Grigico	Date
I submit this docume document to the Dept	ent and affirm that the facts stated herein are true. I am aware that the artment of State constitutes a third degree felony as provided for in s.817.	false information submitted in a 155, F.S.
•		$\rightarrow 0$, 11 ,
	Required Signature/Incorporator Sophia Grigiz	Date