

P14000074624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

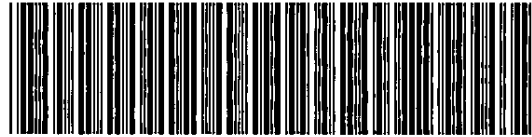
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/08/14--01026--019 **70.00

14 SEP -8 PM 1:32
FALL ARIZONA

9/9/14 18

COVER LETTER

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

SUBJECT: **DS ERP 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: **Debra S Salyer**

Name (Printed or typed)

7315 38th CT E

Address

Sarasota FL 34243

City, State & Zip

941-351-2990

Daytime Telephone number

dy15211@aol.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: DS ERP Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7315 38th Ct E

Sarasota FL 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Software Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra Salyer/President

Name and Title: _____

Address 7315 38th Ct E

Address: _____

Sarasota FL 34243

Name and Title: _____ 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: Deb Salyer

Address: 7315 38th Ct E

Sarasota FL 34243

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Deb Salyer

Address: 7315 38th Ct E

Sarasota FL 34243

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

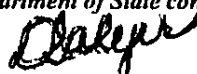


Required Signature/Registered Agent

9-4-2014

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

9-4-2014

Date

14 SEP -8 PM 1:32
TALLAHASSEE, FLORIDA