

P14000085462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

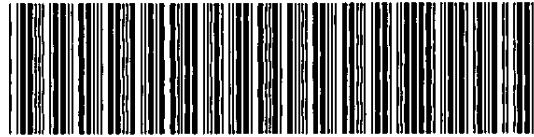
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

OCT 20 2014

T. SCOTT



700263155007

RECEIVED  
14 OCT 17 PM 2:26  
DIVISION OF CORPORATE AFFAIRS

APPROVED  
FILED  
14 OCT 17 AM 10:15  
SECTION OF STATE  
FIDELITY & SURETY DIVISION

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 10/17/14

**NAME:** DLF, INC.

**TYPE OF FILING:** ARTICLES

**COST:** 70.00

**RETURN:** PLAIN COPY PLEASE

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

---

## COVER LETTER

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

SUBJECT: DLF, 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  
**PAY REQUIRED**

FROM: Cristian de la Fuente  
Name (Printed or typed)

4130 Crawford Ave  
Address

**Miami, FL 33133-6127**  
City, State & Zip

Daytime Telephone number

halcon37@mac.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: DLF, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4130 Crawford Ave

Miami, FL 33133

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: business services and consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cristian de la Fuente

Name and Title: \_\_\_\_\_

Address President

Address: \_\_\_\_\_

4130 Crawford Ave

Miami, FL 33133

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

14 OCT 17 AM 10:15

FILED

(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:

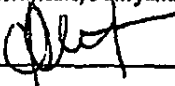
Name: Cristian de la Fuente  
Address: 4130 Crawford Ave  
Miami, FL 33133

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Susan S. Deen, CPA  
Address: 3113 Reid Ave  
Culver City, CA 90232

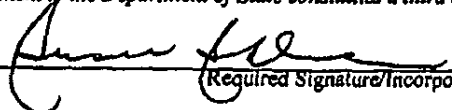
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

10/13/14

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.817.153, F.S.*

  
Required Signature/Incorporator

10/13/14

Date

RECEIVED  
TALLAHASSEE  
FLORIDA

14 OCT 17 AM 10:15

FILED