

P140000093277

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DTI ARCHITECTURAL SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

84534

Electronic Filing Menu

Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 17 PM 1:20

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 17 PM 3:54

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414000067426

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

14 NOV 17 PM 1:26

ARTICLE I NAME

The name of the corporation shall be: DTI Architectural Services, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18991 SW 15th Street

18991 SW 15th Street

Pembroke Pines, FL 33029

Pembroke Pines, FL 33029

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis B. Flores, President

Name and Title: _____

Address: 18991 SW 15th Street

Address: _____

Pembroke Pines, FL 33029

Name and Title: Cecilia Flores, Vice President

Name and Title: _____

Address: 18991 SW 15th Street

Address: _____

Pembroke Pines, FL 33029

Name and Title: Luis B. Flores, Secretary

Name and Title: _____

Address: 18991 SW 15th Street

Address: _____

Pembroke Pines, FL 33029

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(cont.)

14 NOV 17 PM 1:25

Name and Title: _____ Name and Title: SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Luis B. Flores
Address: 18991 SW 15th Street
Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

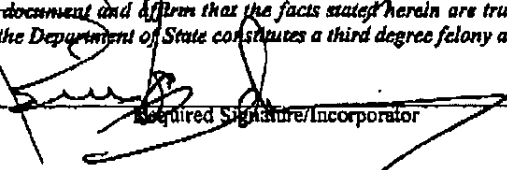
Name: Luis B. Flores
Address: 18991 SW 15th Street
Pembroke Pines, FL 33029

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

11/17/14
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

11/17/14
Date

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