

P14000094743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

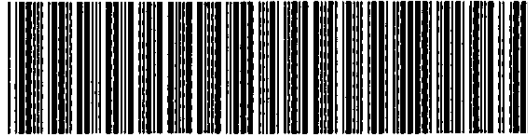
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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11/20/14--01018--013 **78.75

NOV 20 PM 3:03
DIVISION OF REVENUE
TREASURY

NOV 24 2014

T. SCOTT

COVER LETTER

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

SUBJECT: Dimensions Investment, Corp.
(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: Milse Marzo
Name (Printed or typed)

1701 NW 135 ST.
Address

Miami, FL 33167
City, State & Zip

786-274-2291
Daytime Telephone number

marzotools@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: Dimensions Investment, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1701 NW 135 ST

MIAMI, FL 33167

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To be able to contract work.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Milse Marzo - Pres Name and Title: _____

Address: 1701 NW 135 ST Address: _____
MIAMI, FL 33167

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(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: Milse Marzo

Address: 1701 N.W. 135 ST

MIAMI, FL 33167

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Milse Marzo

Address: 1701 NW 135 ST

MIAMI, FL 33167

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

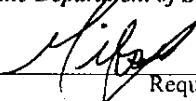


Required Signature/Registered Agent

10/22/14

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

10/22/14

Date

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