

(Requ	estor's Name))		
(Addre	ess)			
(Addre	ess)			
(City/S	state/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ess Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600266574986

11/20/14--01020--014 **78.75

14 NOV 20 AM 8: 36

COVER LETTER

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

SUBJECT: D. G. TEAK SPECIALTIES, INC.					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: R	OBERT C. MITC	HELL			
	Name	(Printed or typed)			
11	400 153RD CO	URT N			

JANETKEARNSEA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

JUPITER, FL 33478

334-695-0139

Address

City, State & Zip

Daytime Telephone number

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)

RTICLE II P	RINCIPAL OFFICE Principal street address	Mailing	address, if different is:
11400 153R	D COURT N		,
IUPITER, F	33478		
• •	RPOSE n the corporation is organized is: L LAWFULL BUSINESS		
	·		# 2 T
<u></u>			<u> </u>
e number of shares		<u> </u>	
RTICLE V IN	of stock is:	_	0 #4 8: 3
he number of shares	of stock is:	S Name and Title: Address:	0 #4 8: 3
Name and Ti	Of stock is: TTIAL OFFICERS AND/OR DIRECTOR Itle: ROBERT C. MITCHELL, PRESIDENT	Name and Title:	0 44 8: 3
RTICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR ROBERT C. MITCHELL, PRESIDENT 11400 153RD COURT N	Name and Title:	0 A 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
RTICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR AND/OR D	Name and Title: Address: Name and Title:	0 A 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
RTICLE V IN Name and Ti Address Name and Tit	TTIAL OFFICERS AND/OR DIRECTOR ILLIE: ROBERT C. MITCHELL, PRESIDENT 11400 153RD COURT N JUPITER, FL 33478	Name and Title: Address: Name and Title:	0 At 8 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
RTICLE V IN Name and Ti Address Name and Tit Address	TTIAL OFFICERS AND/OR DIRECTOR ILLIE: ROBERT C. MITCHELL, PRESIDENT 11400 153RD COURT N JUPITER, FL 33478	Name and Title: Address: Name and Title: Address:	0 At 8: 39

Name an	nd Title:	Name and Title:	
Address	3	Address:	
ARTICLE VI	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable)	of the registered agent in	
Name:	ROBERT C. MITCHELL	or the registered agent is.	
Address:	11400 153RD COURT N		
	JUPITER, FL 33478	_	
ARTICLE VII	INCORPORATOR		
The name and ac	idress of the Incorporator is:		
Name:	ROBERT C. MITCHELL	_	
Address:	11400 153RD COURT N		
	JUPITER, FL 33478		
		_	
Having been nan this certificate, I d	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corpo gistered agent and agree to	oration at the place designated in act in this capacity
17-			1 1
	Required Signature/Registered Agent		1113119 Date
I submit this document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the j ny as provided for in s.817.1	 false information submitted in a
1/	10		MISHI
	Required Signature/Incorporator		Date
			Date
			14 NOV 20
)Ca- 13,
			。 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・