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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

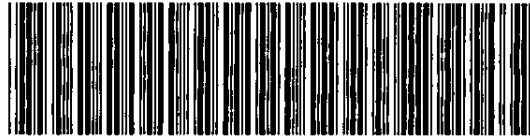
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN -5 PM 10:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Dynamic Mouse Innovations, 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 Olree-Heffner

Name (Printed or typed)

1427 Gulf Stream Circle Apt 302

Address

Brandon, FL 33511

City, State & Zip

813-416-5701

Daytime Telephone number

pdinc2014@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: Dynamic Mouse Innovations, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1427 Gulf Stream Circle Apt 302

Brandon, FL 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: E-commerce

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra Olree-Heffner

Name and Title: Debra Olree-Heffner President

Address 1427 Gulf Stream Circle

Address: 1427 Gulf Stream Circle Apt 302

Apt 302

Brandon, FL 33511

Brandon, FL 33511

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: Debra Olree-Heffner
Address: 1427 Gulf Stream Circle Apt 302
Brandon, FL 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Debra Olree-Heffner
Address: 1427 Gulf Stream Circle apt 302
Brandon, FL 33511

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

Debra Olree-Heffner
Required Signature/Registered Agent

1-2-15
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.

Debra Olree-Heffner
Required Signature/Incorporator

1-2-15
Date

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TALLAHASSEE FLORIDA