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01/08/15--01008--002 \*\*78.75

SECRETARY OF STATE

## **COVER LETTER**

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

SUBJECT: D'Ma	arble, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origin	nal and one (1) copy of the ar	ticles of incorporation and	d 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 PPY REQUIRED
FROM: Lis	sa A.Carmona		
		e (Printed or typed)	
81	8 S Palmway		
		Address	
La	ke Worth, Fl. 3	3460 , State & Zip	
/5/	61) 632 <b>-</b> 9914	, ome & zip	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

Icarmona7@comcast.net

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

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

	INCIPAL OFFICE Principal street address	N	Mailing address, if different is:	
S Palmw ce Worth, l				
ICLE III PUR urpose for which	the corporation is organized is: Any a	and all lawfu	ıl business	8
	T- T			
			——————————————————————————————————————	
ICLE IV SH umber of shares o	ARES f stock is:			
umber of shares o	f stock is: 1000 TIAL OFFICERS AND/OR DIRECTO	<u>RS</u>		
umber of shares o	f stock is: 1000 TIAL OFFICERS AND/OR DIRECTO	<b>RS</b> Name and Title:	P	-1
umber of shares o  ICLE V INI  Name and Tit	f stock is:	Name and Title:	P :	SEGR TALLA
umber of shares o	ration of the stock is: 1000 TIAL OFFICERS AND/OR DIRECTO Le: Lisa A. Carmona		P	SEGRETAL TALLAHAS
umber of shares o  ICLE V INI  Name and Tit	TIAL OFFICERS AND/OR DIRECTO le: Lisa A. Carmona  818 S Palmway	Name and Title:	P	
umber of shares o  ICLE V INI  Name and Tit	TIAL OFFICERS AND/OR DIRECTO le: Lisa A. Carmona  818 S Palmway	Name and Title:	P	JAN -8 PH
umber of shares o  ICLE V IM  Name and Tit  Address	TIAL OFFICERS AND/OR DIRECTO le: Lisa A. Carmona  818 S Palmway	Name and Title: Address:		JAN -8 PM 4:1
ICLE V IM  Name and Title  Address  Name and Title	TIAL OFFICERS AND/OR DIRECTO le: Lisa A. Carmona 818 S Palmway Lake Worth, Fl. 33460	Name and Title: Address:  Name and Title:		JAN -8 PH 4: 08  CRETARY OF STATE LAHASSEE PLORIDA
umber of shares o  ICLE V IM  Name and Tit  Address	TIAL OFFICERS AND/OR DIRECTO le: Lisa A. Carmona 818 S Palmway Lake Worth, Fl. 33460	Name and Title: Address:  Name and Title:		JAN -8 PM 4:1
ICLE V IM  Name and Title  Address  Name and Title	TIAL OFFICERS AND/OR DIRECTO le: Lisa A. Carmona 818 S Palmway Lake Worth, Fl. 33460	Name and Title: Address:  Name and Title:		JAN -8 PH 4: 08  GRETALY OF STATE LANASSEE PLORIDA
Name and Title  Name and Title  Address  Address	TIAL OFFICERS AND/OR DIRECTO le: Lisa A. Carmona 818 S Palmway Lake Worth, Fl. 33460	Name and Title: Address:  Name and Title: Address: Address:		JAN -8 PH 4: 08  CRETALY OF STATE LANASSEE PLORIDA
Name and Title  Name and Title  Address  Address	TIAL OFFICERS AND/OR DIRECTO le: Lisa A. Carmona 818 S Palmway Lake Worth, Fl. 33460	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:		JAN -8 PH 4: 08  CRETALY OF STATE LANASSEE PLORIDA

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Lisa A. Carmona		
Address:	818 S Palmway		
	Lake Worth, Fl. 33460		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	Idress of the Incorporator is:		
Name:	Lisa A. Carmona		
Address:	818 S Palmway		
	Lake Worth, Fl. 33460		
Havino heen nan	ned as registered agent to accept service of proc	ess for the above stated cornoration	on at the place designated in
	am familiar with and accept the appointment as i		
Visa P	Pamm		116115
W.	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel		
Vero 1	Mequifed Signature/Incorporator		11615
	Required Signature/Incorporator		Date
	' /		
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			857 A
			SIA SIA
			FILED  15 JAN -8 PH 4: 01  SEGRETARY OF STATE TALLAHASSEE FLORIDA

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