A5000013013

(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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COVER LETTER

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

SUBJECT: DESIG	SN-BUILD GENERAL CON	TRACTORS OF SOU	TH FL INC.
SUBJECT:	(PROPOSED CORPORA	TTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	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	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIR	
FROM: D	ORIAN MARCH	ESE e (Printed or typed)	·
44	10 NE 14 TH ST		
_		Address	
<u>B</u> (OCA RATON FL		
95	54-692-4816	State & Zip	
DE	SIGN-BUILDGENCONTRA		
	E-mail address: (to be use	d for future annual report	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2014

DORIAN MARCHESE 440 NE 14TH STREET BOCA RATON, FL 33432

SUBJECT: DESIGN-BUILD GENERAL CONTRACTORS OF SOUTH FL INC

Ref. Number: W14000073526

We have received your document for DESIGN-BUILD GENERAL CONTRACTORS OF SOUTH FL INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 814A00026024

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

•			
name of the corporation shall be: TICLE II PRINCIPAL OFFICE Principal street address 10 NE 14 TH ST OCA RATON FL 33432		Mailing address, if different is:	
	RPOSE the corporation is organized is:	D ALL LAV	/FULL BUSINESS
			AUL/HASSEE
			7,
TICLE IV SH number of shares of	ITIAL OFFICERS AND/OR DIRECTOR	 <u>s</u>	
	TTAL OFFICERS AND/OR DIRECTOR MRS DORIAN MARCHESE- PRESIDENT	S Name and Title Address:	ROCKY JAMES MARCHESE- VICE-ORESIDENT
TICLE V IN	MRS. DORIAN MARCHESE- PRESIDENT 440 NE 14 TH STREET BOCA RATON FL 33432 MR. JOHN DURANKO- SECRATARY	Name and Title Address:	ROCKY JAMES MARCHESE- VICE-ORESIDENT 440 NE 14 TH STREET

Name and Title:_		Name and Title:	
Address _		Address:	
-			
	STERED AGENT		
The name and Florida str	reet address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	AN SQUIRE		
Address: 53	-82 WELLESIEY PAR	PRIVE UNITION	/
Bo	OCA RAION FL' 3.	3433	
ARTICLE VII INCO	RPORATOR		
The name and address of	the Incorporator is:		
Name:	ORIAN MARCHESE		,
Address:	40 NE 14 TH STREET		
<u>B</u>	OCA RATON FL 33432		
	rgistered agent to accept service of process liar with and accept the appointment as reg		
	Required Signature/Registered Agent	<i>O</i> (Date Date
			. Date
	nd affirm that the facts stated herein are t ent of State constitutes a third degree felony		
X Dorian	Marchane		01/01/15
	Required Signature/Incorporator		Date