

P15000028971

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DB & AG, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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15 MAR 30 PM 4:55

STATE OF FLORIDA
DIVISION OF CORPORATIONS

STATE OF FLORIDA
TALLAHASSEE

15 MAR 30 AM 9:05

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COVER LETTER

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

SUBJECT: DB & AG, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUBJECTS)

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: ANGELA LOPEZ

Name (Printed or typed)

20807 BISCAYNE BLVD. STE104

Address

AVENTURA, FL 33180

City, State & Zip

3059877240

Daytime Telephone number

lavand@grgcpa.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: DB & AG, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 20807 BISCAYNE BLVD. STE 104
AVENTURA, FL 33180
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ANGELA LOPEZ, PRESIDENT</u>	Name and Title:	_____
Address:	<u>20807 BISCAYNE BLVD. STE 104</u>	Address:	_____
	<u>AVENTURA, FLORIDA 33180</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(cont.)

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: MARK GERSTLE
Address: 2830 NE 203 STREET, STE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ANGELA LOPEZ
Address: 20807 BISCAYNE BLVD. STE 104
AVENTURA, FL 33180

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.

[Signature]
Required Signature/Registered Agent

3/26/15
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.

[Signature]
Required Signature/Incorporator

03/25/2015
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA