

P/5000032733

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000087583 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.,
Account Number : I20110000041
Phone : (305)887-8730
Fax Number : (305)887-8744

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

Email Address: INFO@AIRSTAXES.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
D & T TRUX WORX CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

*Letter to
Please
Enclosure
4/10/15*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 APR -9 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -9 AM 11:11

(((H15000087583 3)))

APRIL 8, 2015

To whom it makes concern

Please be advised that the owners of the corporation D & T TRUX WORX CORP with the document number P13000043899 are the same as those who are opening this new corporation with the same name.

In Addition be adviced that we have no intention of reinstating, therefore we are releasing the name.

Thank you.

Sincerely

A handwritten signature in black ink, consisting of a large, stylized 'P' followed by a horizontal line.

President

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COVER LETTER

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

FILED
15 APR -9 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: D & T TRUX WORX CORP

(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: DOUGLAS PERDOMO

Name (Printed or typed)

2301 NW 149th ST

Address

OPA LOCKA, FL 33054

City, State & Zip

305-244-1530

Daytime Telephone number

info@arstaxes.com

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

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

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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: **D & T TRUX WORX CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

2301 NW 149th ST

OPA LOCKA, FL 33054

Mailing address, if different is:

FILED
15 APR -9 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **1000 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DOUGLAS PERDOMO**

Name and Title: _____

Address

2301 NW 149th ST

Address: _____

OPA LOCKA, FL 33054

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: DOUGLAS PERDOMO

Address: 2301 NW 149th ST

OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOUGLAS PERDOMO

Address: 2301 NW 149th ST

OPA LOCKA, FL 33054

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



Required Signature/Registered Agent

04/08/2015

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.



Required Signature/Incorporator

04/08/2015

Date

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