

P15000033674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

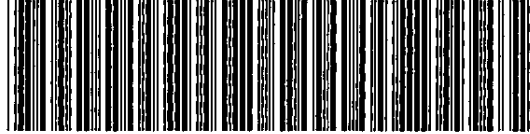
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/10/15--01015--028 \*\*78.75

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15 APR 10 PM 3 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/14/15

## COVER LETTER

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

SUBJECT: **DP AUTO SPA CORPORATION**

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **DIEGO PARRA**

Name (Printed or typed)

**16950 NORTH BAY ROAD #2406**

Address

**SUNNY ISLES FLORIDA 33160**

City, State & Zip

**786 3086012**

Daytime Telephone number

**DPAUTO SPA@YAHOO.COM**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: DP AUTO SPA CORPORATION

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: 15 APR 10 PM 3 06

16950 NORTH BAY ROAD #2406

SUNNY ISLES BEACH

FLORIDA 33160

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL LEGAL TRADE BUSSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 AT \$ 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DIEGO PARRA

Name and Title: \_\_\_\_\_

Address 16950 NORTH BAY RD

Address: \_\_\_\_\_

#2406

SUNNY ISLES FLORIDA 33160

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: DIEGO PARRA  
Address: 16950 NORTH BAY RD  
#2406 SUNNY ISLES FLORIDA 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DIEGO PARRA  
Address: 16950 NORTH BAY ROAD  
#2406 SUNNY ISLES FLORIDA 33160

*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

04/07/2015

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

04/07/2015

Date

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