

P15000045761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

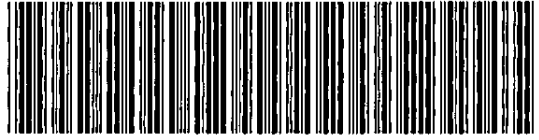
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100254351231

05/22/15--01028--005 **78.75

FILED
15 MAY 22 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Design Develop Websites Incorporated
(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: Mark Asa
Name (Printed or typed)

2637 E Atlantic Blvd #32918
Address

Pompano Beach, FL 33062
City, State & Zip

561-270-0018
Daytime Telephone number

admin@designdevelopwebsites.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: Design Develop Websites Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5753 HWY 85 North #3188

Crestview, FL 32536

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful business but primarily to design and to develop websites
for businesses.

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Asa, President

Name and Title: _____

Address 2637 E Atlantic Blvd #32918

Address: _____

Pompano Beach, FL 33062

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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FILED

(conti.)

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 Asa
 Address: 2637 E Atlantic Blvd #32918
Pompano Beach, FL 33062

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 PALM BEACH COUNTY, FLORIDA

ARTICLE VII INCORPORATOR

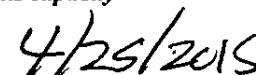
The **name and address** of the Incorporator is:

Name: Mark Asa
 Address: 2637 E Atlantic Blvd #32918
Pompano Beach, FL 33062

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

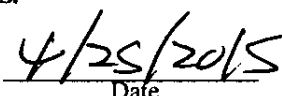


Date

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



Date



*Pull
now.*

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2015

MARK ASA
2637 E. ATLANTIC BLVD #32918
POMPANO BEACH, FL 33062

SUBJECT: DESIGN DEVELOP WEBSITES INCORPORATED
Ref. Number: W15000032217

We have received your document for DESIGN DEVELOP WEBSITES INCORPORATED, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 215A00009475