

P 15000050118

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05/22/15--01011--010 **78.75

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15 JUN -5 PM 2:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

6/10/15

COVER LETTER

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

SUBJECT: DolceMariaDesigns

(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: Jose M Diaz

Name (Printed or typed)

2521 Nw 74th Ave

Address

Miami FL 33122

City, State & Zip

786-301-9054

Daytime Telephone number

joe@copierdepot.com

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

DEPARTMENT OF STATE
TALLAHASSEE, FL 32304

15 JUN - 5 PM 2:11

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

JOSE M DIAZ
2521 NW 74TH AVENUE
MIAMI, FL 33122

SUBJECT: DOLCEMARIADESIGNS
Ref. Number: W15000037479

Inc

We have received your document for DOLCEMARIADESIGNS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 915A00011148

FILED
15 JUN -5 PM 2:11
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399

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

FILED
15 JUN -5 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

~~Dalec Maria Designs~~

FANTZY Designs, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2521 Nw 74th Ave

Miami Fl 33122

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~Custom Jewelry~~

wholesale custom jewelry

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose M. Diaz PRESIDENT

Name and Title: _____

Address 2521 Nw 74th Ave

Address: _____

Miami Fl

33122

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: Daniel M. Diaz
Address: 700 Sw 44th Place
Miami Fl 33134

ARTICLE VII INCORPORATOR

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

Name: Jose M. Diaz
Address: 2521 Nw 74th Ave
Miami Fl 33122

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15 JUN -5 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

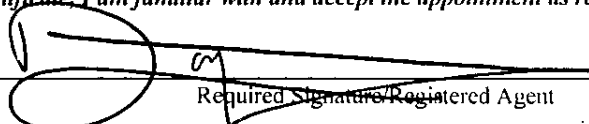
ARTICLE VIII EFFECTIVE DATE:

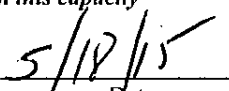
Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

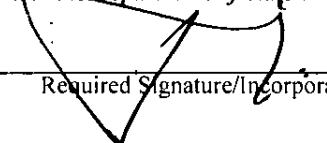
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

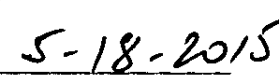
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


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