

P/5000058290

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(Address)

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(Business Entity Name)

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AND  
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15 JUL -8 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UH

## COVER LETTER

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

**SUBJECT:** Dg's Designer 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  
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:** Carmen Gonzalez

\_\_\_\_\_  
Name (Printed or typed)

10379 Laxton Street

\_\_\_\_\_  
Address

Orlando, FL 32824

\_\_\_\_\_  
City, State & Zip

407-319-0816

\_\_\_\_\_  
Daytime Telephone number

dgdesign67@yahoo.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)

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**ARTICLE I NAME**

The name of the corporation shall be: DG'S DESIGNER CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10379 Laxton Street, Orlando, Fl, 32824

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All lawful commercial activity specially those related to decoration.  
and social events.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Carmen Gonzalez. President

Address 10379 Laxton street  
Orlando, Fl 32824

Name and Title: Marcia Suazo. Vicepresident

Address: 13704 Lagoon Isle way,  
Orlando, Fl 32824

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 15 JUL -8 PH 1:37

Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Carmen Gonzalez  
Address: 10379 Laxton Street  
Orlando, Fl 32824

**ARTICLE VII INCORPORATOR**

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

Name: Carmen Gonzalez  
Address: 10379 Laxton Street  
Orlando, Fl 32824

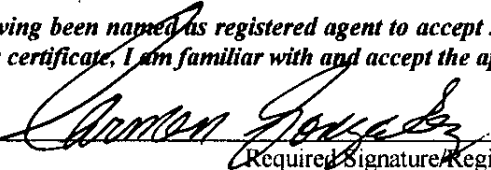
**ARTICLE VIII EFFECTIVE DATE:**

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

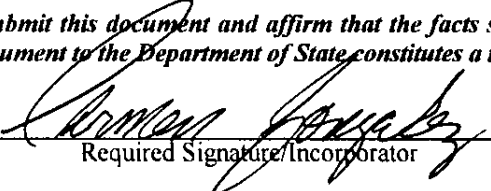
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 6/3/2015  
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.*

 6/3/2015  
Required Signature/Incorporator Date