

P/5000062284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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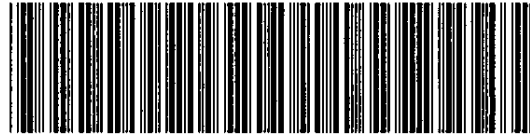
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/20/15--01020--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL 24 AM 9:54

W15-36236

07/27/15



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

May 21, 2015

**DENNIS HOBBS
6855 62ND AVENUE NORTH
PINELLAS PARK, FL 33781**

**SUBJECT: DLTD INC
Ref. Number: W15000036236**

15 JUN 24 PM 2:54

We have received your document for DLTD INC 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000037441 (DLTD, INC.).

You must list at least one incorporator with a complete business street address.

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.

**Thomas Chang
Regulatory Specialist II
New Filing Section**

Letter Number: 315A00010811

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: DLTD Solutions Inc

(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: Dennis Hobbs

Name (Printed or typed)

6855 62nd Avenue North

Address

Pinellas Park FL 33781

City, State & Zip

727-647-3743

Daytime Telephone number

hobbsden@yahoo.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: DLTD Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

Same

2802 51st Avenue South

St. Petersburg, FL 33712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business pertaining to security services

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares @\$1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dennis Hobbs, President

Name and Title: _____

Address

7651 US 19 North

Address: _____

Pinellas Park, FL 33781

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

15 JUL 24 AM 9:54

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Dennis Hobbs
Address: 6855 62nd Ave North
Pinellas Park, FL 33781

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dennis Hobbs
Address: 6855 62nd Ave North
Pinellas Park, FL 33781

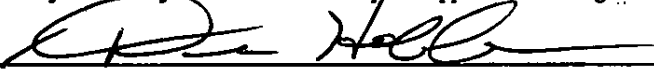
ARTICLE VIII EFFECTIVE DATE:

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

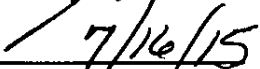
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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