

P15 000070496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

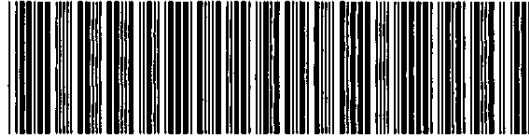
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Danialla Helman gave perm. to add
corporation 8/24

Office Use Only



300275216543

07/27/15--01036--006 **78.75

FILED

2015 AUG 26 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 000051791
8/28/15

COVER LETTER

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

SUBJECT: DH Bookkeeping Services

(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: Danielle J. Holimon

Name (Printed or typed)

5051 Castello Dr., Suite 7

Address

Naples, FL 34103

City, State & Zip

239-777-4468

Daytime Telephone number

dhbookkeeping1@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2015

DANIELLE J. HOLIMON
5051 CASTELLO DR., STE 7
NAPLES, FL 34103

SUBJECT: DH BOOKKEEPING SERVICES
Ref. Number: W15000051791

We have received your document for DH BOOKKEEPING SERVICES 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 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 315A00016090

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: DH Bookkeeping Services, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

5051 Castello Dr., Suite 7

Naples, FL 34103

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide bookkeeping services to small businesses and individuals.

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2015 AUG 26 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Danielle J. Holimon, Director

Name and Title: _____

Address 5051 Castello Dr., Suite 7

Address: _____

Naples, FL 34013

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: Danielle J. Holimon

Address: 5051 Castello Dr., Suite 7

Naples, FL 34103

ARTICLE VII INCORPORATOR

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

Name: Danielle J. Holimon

Address: 5051 Castello Dr., Suite 7

Naples, FL 34103


ARTICLE VIII EFFECTIVE DATE: 08/01/2015

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

7/24/2015

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

7/24/2015

Date