

P150000070817

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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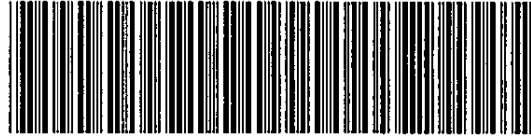
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T. SCOTT



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COVER LETTER

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

SUBJECT: DeeKat's Creations Corp.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Denise Valderrama
Name (Printed or typed)
16339 SW 103 Street
Address
Miami, Florida 33196
City, State & Zip
305-385-1555
Daytime Telephone number
vderrama13@aol.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: DeeKat's Creations Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

16339 SW 103 Street

Miami, Florida 33196

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: One hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Denise L. Valderrama / Director

Address: 16339 SW 103 Street

Miami, Florida 33196

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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 Denise L. Valderrama
Address: 16339 SW 103 Street
Miami, Florida 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name Denise L. Valderrama
Address: 16339 SW 103 Street
Miami, Florida 33196

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.

Denise L. Valderrama
Required Signature/Registered Agent

8/18/2015
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.

Denise L. Valderrama
Required Signature/Incorporator

8/18/2015
Date