

P 15000071666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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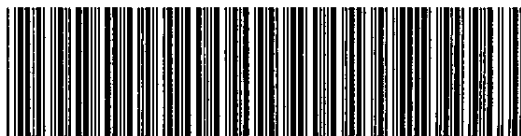
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 AUG 24 PM 1:58
SECRETARY OF STATE
ALABAMA, FLORIDA

8/31/15

COVER LETTER

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

SUBJECT: 910 ENTERPRISES 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: KEVIN T DORRIAN
Name (Printed or typed)

12630 SHADY PINES CT
Address

WELLINGTON, FL 33414-4755
City, State & Zip

(561) 628-4016
Daytime Telephone number

K2DORRIAN@GMAIL.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: Q10 ENTERPRISES INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

824 S FEDERAL HWY
LAKE WORTH, FL 33460-4439

12630 SHADY PINES CT
WELLINGTON, FL 33414-4755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A RENTAL PROPERTY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVIN T. DONNAN (PRES) Name and Title: _____

Address 12630 SHADY PINES CT Address: _____
WELLINGTON, FL 33414-4755

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: KEVIN T DORNIAU

Address: 12630 SHADY PINES CT

WELLINGTON, FL 33414-4755

ARTICLE VII INCORPORATOR

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

Name: KEVIN T DORNIAU

Address: 12630 SHADY PINES CT

WELLINGTON FL 33414-4755

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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

Kevin T Dorniau

Required Signature/Registered Agent

8/22/15

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.

Kevin T Dorniau

Required Signature/Incorporator

8/22/15

Date