

P1500073067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

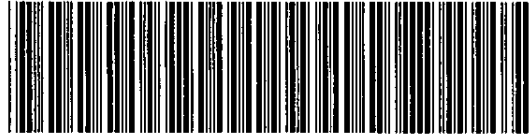
(Document Number)

Certified Copies _____ Certificates of Status _____

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MAIL ROOM

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SEP 08 2015

W PAINTER

COVER LETTER

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

SUBJECT: Del Group

(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: Joseph L DelVecchio

Name (Printed or typed)

12375 5th Street East

Address

Treasure Island, FL 33706

City, State & Zip

727-403-2299

Daytime Telephone number

jdelv@msn.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

August 20, 2015

JOSEPH L DELVECCHIO
12375 5TH STREET
TREASURE ISLAND, FL 33706

SUBJECT: DEL GROUP
Ref. Number: W15000055867

RECEIVED SEP 02 2015

We have received your document for DEL GROUP and your check(s) totaling \$87.50. 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.

The specific business purpose of the professional association must be stated in the document.

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.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 715A00017662

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SECRETARY OF STATE
AT TALLAHASSEE FLORIDA

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: Del Group *Inc.*

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12375 5th Street East

Treasure Island, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Investor

Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph L DelVecchio, President

Name and Title:

Address 12375 5th Street East

Address:

Treasure Island, FL 33706

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
15 SEP - 2 AM 12:00
SECRETARY OF STATE
TREASURY

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: Joseph L DelVecchio
Address: 12375 5th Street East
Treasure Island, FL 33706

ARTICLE VII INCORPORATOR

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

Name: Joseph L DelVecchio
Address: 12375 5th Street East
Treasure Island, FL 33706

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 3, 2015. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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

Joseph L. DelVecchio

Required Signature/Registered Agent

08/10/2015

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.

Joseph L. DelVecchio

Required Signature/Incorporator

08/10/2015

Date