

P/5000079831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

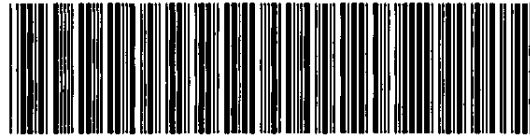
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/18/15--01022--006 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 SEP 18 PM 1:45

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** Dimensions Plus, 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      ☐ \$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:** Brendan Molloy  
\_\_\_\_\_  
Name (Printed or typed)  
  
3853 Northdale Boulevard, Suite 360  
\_\_\_\_\_  
Address  
  
Tampa, FL 33624  
\_\_\_\_\_  
City, State & Zip  
  
860-563-2600  
\_\_\_\_\_  
Daytime Telephone number  
  
BCM@IQT.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

**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: Dimensions Plus, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3863 Northdale Boulevard, Suite 360

Tampa, FL 33624

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide Architectural Services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Brendan Molloy, President

Name and Title: \_\_\_\_\_

Address 4620 Rue Bordeaux

Address: \_\_\_\_\_

Lutz, FL 33558

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

APPROVED  
FILED

15 SEP 18 PM 1:45

Name and Title: _____	Name and Title: _____
Address _____	Address: SECRETARY OF STATE TALLAHASSEE, FLORIDA
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Gisele Molloy  
Address: 4620 Rue Bordeaux  
Lutz, FL 33558

**ARTICLE VII INCORPORATOR**

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

Name: Gisele Molloy  
Address: 4620 Rue Bordeaux  
Lutz, FL 33558

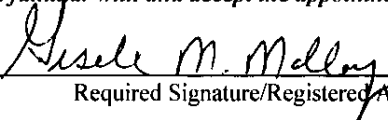
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: September 1, 2015 (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	08/25/15 Date
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*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	08/25/15 Date
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