

P/5000088701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

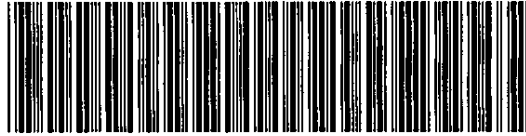
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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10/05/15--01026--014 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT 28 AM 10:55

W15-067220

10/29/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2015

EMILIO DIGUEZ
532 CREEKWOOD DR.
ORLANDO, FL 32809

SUBJECT: INDEPENDANT FENCING
Ref. Number: W15000067220

RECEIVED
TALLAHASSEE, FLORIDA

15 OCT 28 AM 11:03

RECEIVED

We have received your document for INDEPENDANT FENCING and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L15000090383 (INDEPENDENT FENCING, LLC).

It appears that the word INDEPENDANT in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled INDEPENDANT. If you did not misspell this word intentionally, please correct the spelling to read INDEPENDENT and resubmit the document for processing.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 615A00021436

COVER LETTER

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

SUBJECT:

Emilio Diequez Fencing
(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:

Emilio Diequez
Name (Printed or typed)

532 CREEKWOOD DR.
Address

Orlando FL 32809
City, State & Zip

407 914 0243
Daytime Telephone number

albertojuan15@yahoo.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: Emilio Ditzguez Tencio, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

532 CREEKWOOD Dr.
ORLANDO FL. 32809

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All "legal" buisness

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT / Emilio Ditzguez Name and Title: _____

Address: 532 CREEKWOOD Address: _____

Dr.
ORLANDO FL. 32809

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TAMPA, FLORIDA

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: Emilio Dieguez
Address: 532 CREEKWOOD DR.
ORLANDO FL 32809

ARTICLE VII INCORPORATOR

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

Name: Emilio Dieguez
Address: 532 CREEKWOOD DR.
Orlando FL 32809

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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


Required Signature/Registered Agent

10/22/15
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.


Required Signature/Incorporator

Date