

P16000031788

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF TAXATIONS  
16 APR -5 AM 11:04

## COVER LETTER

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

**SUBJECT:** DK205 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: DANIT SAMIR KRICHELI  
\_\_\_\_\_  
Name (Printed or typed)  
19501 W COUNTRY CLUB DR APT 2110  
\_\_\_\_\_  
Address  
AVENTURA, FL 33180  
\_\_\_\_\_  
City, State & Zip  
2153754445  
\_\_\_\_\_  
Daytime Telephone number  
DANDI205@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

**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**

DK205 CORP

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

19501 W COUNTRY CLUB DR APT 2110

AVENTURA, FL 33180

Mailing address, if different is:

**ARTICLE III PURPOSE**

START A NEW BUSINESS

The purpose for which the corporation is organized is:

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DIVISION OF CORPORATIONS

**ARTICLE IV SHARES**

1

The number of shares of stock is:

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

DANIT SAMIR KRICHELI - President

Name and Title:

Name and Title:

Address

19501 w country club dr , Apt 2110

Address:

AVENTURA, FL 33180

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: DANIT SAMIR KRICHELI

Address: 19501 W COUNTRY CLUB DR APT 2110

AVENTURA, FL 33180

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**ARTICLE VII INCORPORATOR**

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

Name: DANIT SAMIR KRICHELI

Address: 19501 W COUNTRY CLUB DR APT 2110

AVENTURA, FL 33180

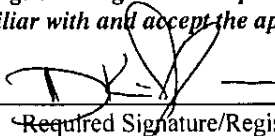
**ARTICLE VIII EFFECTIVE DATE:**

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*

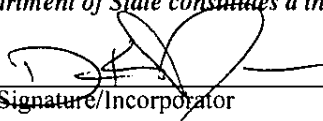


Required Signature/Registered Agent

03/30/2016

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

03/30/2016

Date