

P16000032177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

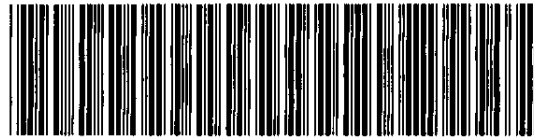
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APR 12 2016
16 APR 12 PM 12:46
TALLAHASSEE, FLORIDA
SOUTH FLORIDA

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APR 12 2016
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

041216

COVER LETTER

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

SUBJECT: DEKAL 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: Ahmet Sodek
Name (Printed or typed)

512 McKeithan St. Apt 3
Address

Tallahassee, FL 32304
City, State & Zip

850 591 7572
Daytime Telephone number

orhanakal@gmail.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: DEKAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

512 McKeithan st.

Apt 3

Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Online book sales

16 APR 12 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ahmet Sadek (president) Name and Title: _____

Address: 512 McKeithan St Address: _____

Apt 3

Tallahassee, FL 32304

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: Ahmet Sodek

Address: 512 McKeithan st Apt 3
Tallahassee, FL 32304

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 12 PM 12:50

APPROVED
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ahmet Sodek

Address: 512 McKeithan st Apt 3
Tallahassee, FL 32304

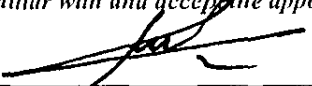
ARTICLE VIII EFFECTIVE DATE:

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

04/12/2016

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

04/12/2016

Date