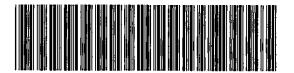
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			
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Office Use Only



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TALLAHASSEE FLORIDA THAT AND THE SECRETARY SEC

## **COVER LETTER**

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

SUBJECT: De	lamar Inc.		
51-1 11	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an original	and one (1) copy of the a	rticles of incorporation and	a check for:
\$70.00 Filing Fee F		& Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
	Luis de La Nan 0501 SW 40		
	Miami Fi	33165	
	305-606-6	, State & Zip	
	Daytime	Telephone number	·
	Gelamarla  E-mail address: (to be use	od for future annual report n	otification)

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	on shall be: DELAMAR	Inc	
<i>ARTICLE II PRINCI</i> I	PAL OFFICE Principal street address	Mailing addre	ss, if different is:
10501 SW Miami Fi	46 Ten		
Miami Fi	33/65		
ARTICLE III PURPOS The purpose for which the	<u>SE</u> e corporation is organized is:	msulting	
			SECINE TALLAH
ARTICLE IV SHARES The number of shares of st	Sock is: / 6"U		
ARTICLE V INITIAL	OFFICERS AND/OR DIRECTOR	<u>s</u>	# 9: F108
		S. Name and Title:	10 <sub>2</sub>
Address _	10501 SW 46 Te	Address:	
-	Miaini Ft 33165		
Name and Title:_		Name and Title:	
Address			
<del>-</del>			
Name and Title:_		Name and Title:	
Address _		Address:	
_			

Name and	d Title:	Name and Title:	
Address			
The <u>name and Fl</u>	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	10TD1 541 4/2 Text	- <del></del>	
Address:	Luis de Lamar 10501 SW 46 Ten Miami Fi 33165	_	TALLUS ES ES
<u>ARTICLE VII</u>	INCORPORATOR		LAHASSER
The name and ad	dress of the Incorporator is:		
Name:	DELAMAN Inc.	_	AH 9:56
Address:	DELAMAN INC. 10501 SW 46 Text MIAMI FT 33165	_	<u>**</u> 9,
	Miami F2 33165	_	
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and canning.)	(OPTIONAL) of be more than five business of	lays prior or 90 business
	inserted in this block does not meet the applicabl ffective date on the Department of State's records		nis date will not be listed as
Having been nan this certificate, I a	ned as registered agent to accept service of proce im familiar with and accept the appointment as r	ss for the above stated corporations	on at the place designated in in this capacity
	J.		5/2/2016
	Required Signature/Registered Agent		5/2/2016 Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false	
Requi	Signature/Incorporator		5/2/2016 Date