

P16000041739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

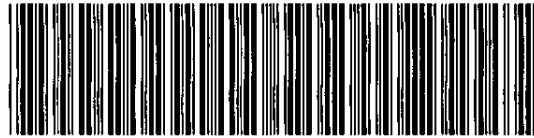
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 13 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/13/16--01004--004 **87.50

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10 ACKNOWLEDGE
SUFFICIENCY OF FILING

05-13-16

COVER LETTER

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

SUBJECT: DeCAD SOLUTIONS 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: JAMES DELANEY
Name (Printed or typed)

PO BOX 352
Address

WOODVILLE FL 32362
City, State & Zip

850-547-7990
Daytime Telephone number

Ojisanjed@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: DEL/CAD SOLUTIONS Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8668 OLD SHELL PT RD

P.O. Box 352

TALLAHASSEE FL. 32305

WOODVILLE FL. 32362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE DRAFTING AND DESIGN SERVICES TO AREA AND
ABROAD, ARCHITECTS, ENGINEERS, + CONSTRUCTION
PROFESSIONALS, AS WELL AS B.I.M. MODELING,
And other Construction Services

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TALLAHASSEE FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES DELANEY

Name and Title: PRESIDENT

Address

P.O. Box 352

Address:

WOODVILLE FL. 32362

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: JAMES DELANEY

Address: 8668 OLD SHELL PT RD
TALLAHASSEE, FL. 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES DELANEY

Address: P.O. Box 352
LOODVILLE, FL. 32362

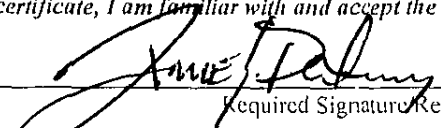
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 10th, 2016 (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.)

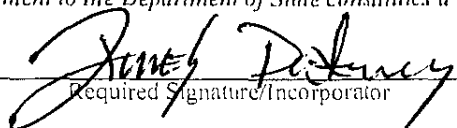
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/13/2016
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

5/13/2016
Date

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AND
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TALLAHASSEE, FLORIDA

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