

P16000080478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

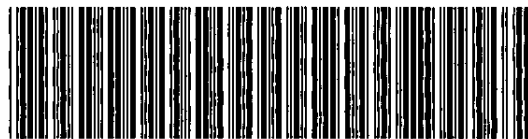
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2016 OCT -3 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FL 32301

To Whom it may concern,

I write this letter to state that I understand Deckovations Inc, Document # P07000024794, was dissolved and I do not plan to reinstate it. Please release the name Deckovations Inc.

Thank you,

A handwritten signature in black ink, appearing to be 'R. Torres', written in a cursive style.

09/29/16

Ricardo Torres
2408 Pacific Silver Drive
Jacksonville, FL 32246
904-962-5423

COVER LETTER

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

SUBJECT: Deckovations 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 ☐ \$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: Ricardo Torres

Name (Printed or typed)

2408 Pacific Silver Drive

Address

Jacksonville, FL 32246

City, State & Zip

904-962-5423

Daytime Telephone number

marckellinc@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: Deckovations Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2408 Pacific Silver Drive

Jacksonville, FL 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

2016 OCT -3 AM 8:06
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricardo Torres, President

Name and Title:

Address 2408 Pacific Silver Drive

Address:

Jacksonville, FL 32246

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: Ricardo Torres

Address: 2408 Pacific Silver Drive

Jacksonville, FL 32246

2016 OCT -3 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLE VII INCORPORATOR

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

Name: Ricardo Torres

Address: 2408 Pacific Silver Drive

Jacksonville, FL 32246

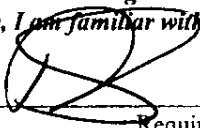
ARTICLE VIII EFFECTIVE DATE:

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

09/29/16
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

09/29/16
Date