## P160000096174

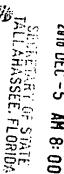
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Statu	us			
Special Instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

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

SUBJECT:	DESIGNDORM, INC.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	OPY REQUIRED		
FROM:	Name	SIGNDORM, INC e (Printed or typed)			
		S. W. 167th Street Address			
Miami, Florida. 33157					
	(305) 205-7463				
_	- Daytime Telephone number				
•	esigndorm.com	notification)			
	c=man address do be use	o tor turne anguar renort	TRUTTICALIUM)		

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)

2016 OEC -5 AM

ARTICLE I N The name of the c	VAME orporation shall be:	DESIGNDORM, INC.	SFrom S
	PRINCIPAL OFFICE Principal street address	Mailing	TALLAHASSEE, FLORIDA
9821 S.W. 167th	Street	9821 S.V	W. 167th Street
Miami, Florida.	33157	Miami,	Florida. 33157
ARTICLE III The purpose for viservices etc	PURPOSE which the corporation is organized in	The purpose for this corporation is to	help any one who desired my
ARTICLE IV The number of sh	ares of stock is:	RECTORS	
Name a	nd Title: JOEY FLEURY	Name and Title:	
Address	9821 S.W. 167th Street	Address:	
	Miami, Florida. 33157		
	Director		
Name an	od Title:	Name and Title:	
Address	;	Address:	
Name an	nd Title:	Name and Title:	
Address	S	Address:	
		<del> </del>	

			FILED
Name	and Title:N	ame and Title:_	FILED  2016 DEC -5 AM 8: 01  SECREMANY OF STATE FALLAHASSEE, FLORIDA
Addre	ess A	ddress: _	TALLAHASSEE STATE
		_	FLORIDA
		_	<del></del>
RTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the	e registered ager	at ic
vame:	JOEY FLEURY	e regisiered agei	IL 13.
Address:	9821 S.W. 167th Street		
raaress.	Miami, Florida. 33157		
DTIOLE LIL	Woodbon (Tob		
<del>-</del>	<u>INCORPORATOR</u>		
he <u>name and</u>	address of the Incorporator is:		
Name:	JOEY FLEURY		
Address:	9821 S.W. 167th Street		
	Miami, Florida. 33157		
	I EFFECTIVE DATE:  if other than the date of filing:  January 1st, 2017	, (OP	TIONAL)
	e date is listed, the date must be specific and cannot b	e more than fiv	ve days prior or 90 days after the
•	ate inserted in this block does not meet the applicable sta	tutory filing rea	nirements this date will not be listed as
	s effective date on the Department of State's records.	idiory ming req	unchents, this date will not be fisted as
	named as registered agent to accept service of process for I am familiar with and accept the appointment as regist		
<	John Jan		November 30, 2016
<del></del>	Required Signature/Registered Agent		Date
	locument and affirm that the facts stated herein are tru te Department of State constitutes a third degree felony of		
	July Hay		November 30, 2016
Re	quired Signature/Incorporator		Date