

P17000001513

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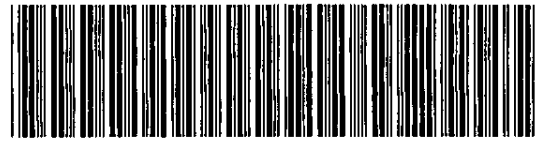
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/06/17--01013--009 **78.75

RECEIVED
17 JAN -5 PM 12:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

01/09/17

COVER LETTER

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

SUBJECT: DIVA NANNIES 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: DARA WATKIS

Name (Printed or typed)

2896 TENNIS CLUB DR APT 501

Address

WEST PALM BEACH, FL 33417

City, State & Zip

5612998414

Daytime Telephone number

DNWATKIS@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: DIVA NANNIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2896 TENNIS CLUB DR APT 501

WEST PALM BEACH, FL 33417

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

17 JAN -6 PM 12:01
SEAL OF THE STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARA WATKIS

Address

2896 TENNIS CLUB DR APT 501

WEST PALM BEACH, FL 33417

Name and Title: _____

Address: _____

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: DARA WATKIS
Address: 2896 TENNIS CLUB DR APT 501
WEST PALM BEACH, FL 33417

17 JAN -6 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: DARA WATKIS
Address: 2896 TENNIS CLUB DR APT 501
WEST PALM BEACH, FL 33417

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

Dara Watkins _____
Required Signature/Registered Agent 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.

Dara Watkins _____
Required Signature/Incorporator Date 12/15/16