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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

AUTOMOTIVE BROKERAGE/ DLD, INC.
SUBJECT: _____
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

❏ $70.00	■ $78.75	❏ $78.75	❏ $87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	

DANIEL L DIEPPA
FROM: _____
Name (Printed or typed)

5340 MOXIE BOULEVARD
_____
Address

ORLANDO FLORIDA 32839
_____
City, State & Zip

(954) 999 7006
_____
Daytime Telephone number

danieldrpm@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: AUTOMOTIVE BROKERAGE/ DLD, INC.

ARTICLE II   PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
5340 MOXIE BOULEVARD	5340 MOXIE BOULEVARD
ORLANDO FLORIDS 32839	ORLANDO FLORIDA 32839

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV   SHARES
The number of shares of stock is: 100

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL L DIEPPA/ PRESIDENT

Address: 5340 MOXIE BOULEVARD
ORLANDO FLORIDA 32839

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: RALPH C WILLIAMS CPA

Address: 6420 BOCA DEL MAR DRIVE 706

BOCA RATON FLORIDA 33433

ARTICLE VII   INCORPORATOR

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

Name: DANIEL L DIEPPA

Address: 5340 MOXIE BOULEVARD

ORLANDO FLORIDA 32839

ARTICLE VIII   EFFECTIVE DATE:
Effective date, if other than the date of filing: 05/01/2017 _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)
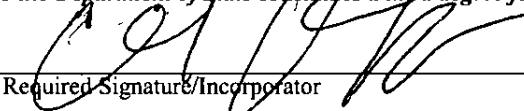
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____, CPA   4/26/17
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.

_____   4/26/17
Required Signature/Incorporator   Date