

P/7000044812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

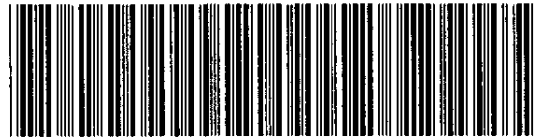
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TALLAHASSEE, FLORIDA

05/22/17

COVER LETTER

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

SUBJECT: DSI Quality Homes , 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: DSI Quality Homes, Inc.

Name (Printed or typed)

11421 Flora Springs Drive

Address

Riverview, Fl 33579

City, State & Zip

941-284-4270

Daytime Telephone number

sylvia_cirica@yahoo.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: DSI Quality Homes, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11421 Flora Springs Drive

Riverview, FL 33579

Mailing address, if different is:

11421 Flora Springs Drive

Riverview, FL 33579

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home renovation and sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sylvia Cirica, President

Address: 11421 Flora Springs Dr

Riverview, FL 33579

Name and Title: _____

Address: _____

Name and Title: David Farhi, VP

Address: 11421 Flora Springs Dr

Riverview, FL 33579

Name and Title: _____

Address: _____

Name and Title: Irving Kadet, Sec/Treasurer

Address: 11421 Flora Springs Dr

Riverview, FL 33579

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Sylvia Cirica
Address: 11421 Flora Springs Dr
Riverview, Dr 33579

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Sylvia Cirica
Address: 11421 Flora Springs Dr
Riverview, Fl 33579

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 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

Sylvia Cirica
Required Signature/Registered Agent

5/17/17
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.

Sylvia Cirica
Required Signature/Incorporator

5/17/17
Date