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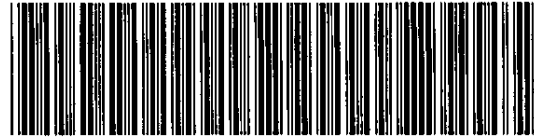
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AND
FILED
17 MAY 31 AM 8:46
DEPT OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

W16000084216

SUBJECT: DM FACILITY SERVICES CORP.

(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 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 COPY REQUIRED

FROM: DORVE GEDEON
Name (Printed or typed)
7932 NW 5TH AVENUE
Address
MIAMI, FLORIDA 33150
City, State & Zip
786-355-5512
Daytime Telephone number
KATHYGEDEON_530@HOTMAIL.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: DM FACILITY SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 7932 NW 5TH AVENUE Mailing address, if different is: SAME
MIAMI, FLORIDA 33150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MISCELLANEOUS CONSTRUCTION RELATED WORK SUCH AS PAINTING, DRYWALL & FINISHES

ARTICLE IV SHARES

The number of shares of stock is: 100

APPROVE
AND
FILED
MAY 31 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DORVE GEDEON</u>	Name and Title:	<u>MICHAEL WILLIAMS</u>
Address	<u>7932 NW 5TH AVENUE</u>	Address:	<u>1260 NE 149 STREET</u>
	<u>MIAMI, FLORIDA 33150</u>		<u>MIAMI, FLORIDA 33161</u>
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: DORVE GEDEON
Address: 7932 NW 5TH AVENUE
MIAMI, FLORIDA 33150

ARTICLE VII INCORPORATOR

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

Name: DORVE GEDEON
Address: 7932 NW 5TH AVENUE
MIAMI, FLORIDA 33150

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/16/2016. (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

DORVE GEDEON 11/16/2016
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.

Michel Williams 11/16/2016
Required Signature/Incorporator Date