718000025439

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

Office Use Only



400310339354

03/14/18--01021--001 **128.75

18 MAR I L AM 8: L

MAR 2 0 2018 T SCHROEDER

COVER LETTER

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

SUBJECT:	Corporation	Domestication
		•

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status \$ 8.75	
Name (printed or typed)	_
700 Berry LAMe	
Parre Vedra Beach, FC 3	53208Z
904-469-3120 Daytime Telephone Number	
E-mail address: (to be used for future annual report notification)	

CERTIFICATE OF DOMESTICATION

Th	e undersigned, Michale Evangue,(Name)	Preside	ent	ı
	(Name)	(Title)		
of.	D.O.T. INC. FDe-1331 (Corporation Name)	a forc	cign corporat	ion,
in	accordance with s. 607.1801, Florida Statutes, does hereby cert	ify:		
۱.	The date on which corporation was first formed was	10t 30	, 1990	L
2.		formed, incorporat		
3.	The name of the corporation immediately prior to the filing of was			on
4.	The name of the corporation, as set forth in its articles of incors. 607.0202 and 607.0401 with this certificate is	poration, to be file	ed pursuant to	
5.	The jurisdiction that constituted the seat, siege social, or prine administration of the corporation, or any other equivalent juris immediately before the filing of the Certificate of Domesticati	diction under appl		
	Attached are Florida articles of incorporation to complete the complete to s. 607.1801. mPresident, of DoTI, live.	domestication requ	irements pur	suant
	·			
	d am authorized to sign this Certificate of Domestication on belt this the 12 day of 1000 mg/2 mg/2 mg/2 mg/2 mg/2 mg/2 mg/2 mg/2	nalf of the corporat	ion and have	done
	(Authorized Signature) Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Cop Total to domesticate and file	\$ 50.00 \$ 78.75 \$128.75	THE MAR IN AM 8: 42	TILED

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I	NAME	
THE NAME OF TH	E CORPORATION SHALL BE:	
	DOTI, INC	. •
	,	
ARTICLE II	PRINCIPAL OFFICE	
	LACE OF BUSINESS/MAILING ADDRES	
	cipal Address	Mailing Address
700	Burny Lr.	830-13 AIA N#463
Parre	Vedra Beech,	= Poure Vedra Beach, F
·>	52082	32082
<u>.</u>		
ARTICLE III	PURPOSE	
THE PURPOSE FO	OR WHICH THE CORPORATION IS ORG	
	Residential -	Interior Design Services
	, , , , , , , , , , , , , , , , , , , ,	
		
		· · · · · · · · · · · · · · · · · · ·
		18 M

THE NUMBER OF SHARES OF STOCK IS:		
ARTICLE V INITIAL DIRECTORS AND/ THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES		
Title/Name President	Title/Name	
V Michele Evangeer		
700 Burry Labre Ponte Voum Breach Fi		
Title/Name 32082	Title/Name	
		TO HAR I
Title/Name	Title/Name	
		42
Title/Name	Title/Name	
THE/INMITE	THE/INAME	

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

V Michele Evangier	
700 Burry Came	
Porte Vedra Breach, Fr 32082	
ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Michele Evangun	
700 Benny Lame	
Pourse Velos Para to 50	

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Ageny

Signature/Incorporator

) / / C

=

Date