

4/5/2018

P18000031362

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000108578 3)))



H180001085783ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
10 APR -5 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2018 APR -5 PM 5:03

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
DEALER TINT INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

134644

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

5

H18000108578

COVER LETTER

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

SUBJECT: DEALER TINT INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

FROM: DEALER TINT INC
Name (Printed or typed)
4906 NORTH TRAVELERS PALM LANE
Address
TAMARAC, FL 33319
City, State & Zip
954-778-7505
Daytime Telephone number
dgcupo@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:

DEALER TENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4906 NORTH TRAVELERS PALM LANE

SAME

TAMARAC, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ESTABLISH NEW BUSINESS ENTITY

FILED
18 APR -5 AM 9:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DENNIS CUPO/PRESIDENT

Name and Title:

Address

4906 NORTH TRAVELERS PALM LANE

Address:

TAMARAC, FL 33319

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: DENNIS CUPO
Address: 4906 NORTH TRAVELERS PALM LANE
TAMARAC, FL 33319

FILED
18 APR -5 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DENNIS CUPO
Address: 4906 NORTH TRAVELERS PALM LANE
TAMARAC, FL 33319

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

Required Signature/Registered Agent

3/14/18
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.

Required Signature/Incorporator

3/14/18
Date

440000100879

04/05/2018 16:43 3056339696