

5/1/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P18000039267

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

From: Account Name : ACCOUNTANT & BUSINESS CONSULTANTS INC
Account Number : 1201100000083
Phone : (305)705-7922
Fax Number : (786)353-0976

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

Email Address: _____

FLORIDA PROFIT/NON-PROFIT CORPORATION
DB CONCEPTS INC

Certificate of Status	0
Certified Copy	0
Page Count	404
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

<https://files.econbiz.org/reports/efp001.pdf>

COVER LETTER

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

SUBJECT: DB CONCEPTS 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
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: DB CONCEPTS INC

Name (Printed or typed)

405 31ST STREET

Address

WEST PALM BEACH, FL 33407

City, State & Zip

405 705 7922

Daytime Telephone number

INFO@DCCACCOUNTING.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 NAMEThe name of the corporation shall be: DB CONCEPTS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address405 31ST STREETWEST PALM BEACH, FL 33407

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DEBORAH BONEFONTAddress: PRESIDENT405 31ST STREETWEST PALM BEACH, FL 33407

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
2018 MAY -2 PM 9:09
SECRETARY
TALLAHASSEE FL 32301

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DEBORAH HONEFONT
Address: 405 31ST STREET
WEST PALM BEACH, FL 33407

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: ACCOUNTANT & BUSINESS CONSULTA
Address: 300 ARAGON AVE SUITE 375
CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE: 05/01/2018

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.

Deborah Honefont
Required Signature/Registered Agent

05/01/2018

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.

David R. Rife
Required Signature/Incorporator

05/01/2018

Date