## P19000007467

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JAN 28 2019



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2019

MONICA DIAS 129 UXBRIDGE ROAD MENDON, MA 01756

SUBJECT: GOD & DSS INC Ref. Number: W19000004379 2019 JAH 25 PH 3: 59

We have received your document for GOD & DSS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 419A00000992

November 29, 2018

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, F∟32314

To Whom it May Concern:

Thereby release as corporate owner/president the corporation names GOD & DSS Inc. document number P17000050049 to myself, Satil Dias. I do not intend to reinstate the said corporation.

Satil Dlas

## **COVER LETTER**

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

SUBJECT: GOD & DSS INC.		- ALTONIA
(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00  \$78.75  Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	
FROM: Monica Dias	e (Printed or typed)	
129 Uxbridge	Road	
<u>Mendon</u> , MA	01754 . State & Zip	
(774) 287 - 9312 Daytime 7	Pelephone number	
Sal7255@hot ma E-mail address: (to be use	d 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)

PTICLE I NAME a name of the corporat	ion shall be: 600 \$ 055	s Inc.	
	IPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
29 Uxbric	lae Road		
	MA 01756		
RTICLE III PURPO	<u>OSE</u> ne corporation is organized is: <u>Any</u>	and a	11 lawful purpose.
, , , , , , , , , , , , , , , , , , , ,			
ARTICLE IV SHARE	o e		
he number of shares of	stock is: 1000		
<del>-</del>	LOFFICERS AND/OR DIRECTORS		100 in 0 in C 1
Name and Title	120 Unias President	Name and Title	Monica Dios Scretan 129 Uxbridge Road
Address	Mendon, MA 01756	Address:	Mendon, MA 01756
Name and Title:		Name and Title	e:
Address		Address:	
	·		
Address		Address:	
	<del></del>		

Name and Title:	Name and Title:
Address	Address:
<del></del>	
<del></del>	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:
Name: Satil Dias	
Address: 1555 Kingsley Are Orange Park, Fr	.Str.305
Orange Pari, Fi	32013
ARTICLE VII INCORPORATOR	PH 2: 58
The <u>name and address</u> of the Incorporator is:	28 · 38 · 38 · 38 · 38 · 38 · 38 · 38 ·
Name: Sati Dias	
Address: 129 Uxbridge 1 Mendon, MA C	Road
<u>Mendon, MA C</u>	2175Ce
ARTICLE VIII EFFECTIVE DATE:	ONTIONAL
Effective date, if other than the date of tiling:	c and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of State	the applicable statutory filing requirements, this date will not be listed as te's records.
Having been named as registered agent to accept service this certificate, Lan familiar with and accept the appoint	ce of process for the above stated corporation at the place designated in atment as registered agent and agree to act in this capacity
	12/30/18
Required Signature/Registered	d Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third	I herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
	12.130/18
Required Signature/Incorporator	Date