Placolo127

(Requestor's Name)			
(Address)			
(Address)			
(City/S	tate/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
		1	

Office Use Only

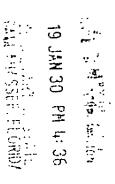
K. PAGF.

FEB - 6 2019



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COVER LETTER

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

SUBJECT: Dolphi	r Flooring, Inc.		
	(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
Jei FROM:	Trey Katz		
7 KOM		e (Printed or typed)	
35:	50 NW 77 Ct		
		Address	
Mi	ami		
		. State & Zip	
30:	5-591-4141	·	
	Daytime 1	Felephone number	
ran	dec@dolphincarpet.com		
	E-mail address: (to be use	ed 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)

The name of the corporat	ion shall be:		
<u>ARTICLE II PRINC</u> 3550 NW 77 CT	TPAL OFFICE Principal <u>street</u> address	1	Mailing address, if different is:
diami, FL 33122			
ADMICE IN THE DESIGNATION		es and installation of floori	ng materials
<u> ARTICLE V INITIA</u>	stock is: (LOFFICERS AND/OR DIRECT) Jeffrey Katz, President	<u>ORS</u>	·
Name and Title: 3556 Address	3550 NW 77 CT		
Address	Miami, FL 33122	Address.	
Name and Title:		Name and Title	19
Address			JAN C
			30
			PH
			#: 36 RBD/
	-		: _
Address		Address:	
			

Name a	and Title:	Name and Title:
Addres	88	Address:
	 	
ARTICLE VI		
The <u>name and 1</u>	Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	Jeffrey Katz	
Address:	3550 NW 77 CT	
	Miami, FL 33122	·
		√ 30 ⁴⁴ .
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	Jeffrey Katz	PM 4: 36
Address:	3550 NW 77 Ct	
Tidal ess.	Miami, FL 33122	
		
	EFFECTIVE DATE:	
Effective date, i (If an effective filing.)	if other than the date of filing:	. (OPTIONAL) cannot be more than five days prior or 90 days after the
	te inserted in this block does not meet the applied effective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed as ords.
	I am familiar with and accept the appointment	process for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	Required Signature/Registered Ager	1/10/19
	Requiréd Signature/Registered Ager	nt Date
I submit this do document to the	ocument and affirm that the facts stated herei Propertment of State constitutes a third degree	in are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.
Rem	uired Signature/Incorporator	