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

From:
Account Name : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954) 655-8413
Fax Number : (954) 432-9807

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

Email Address: PLU2QUINOSF@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
DUMMANI PA

Certificate of Status	0
Certified Copy	0
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2019 FEB 26 AM 9:25

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: DUMMANI PA

(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: MONSERRAT DOMINGUEZ

Name (Printed or typed)

36 SE 13TH ST

Address

DANIA BEACH, FL 33004

City, State & Zip

954-483-9201

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: DUMMANT PA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
36 SE 13TH ST DANIA BEACH, FL 33004

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MONSERRAT DOMINGUEZ (P)

Name and Title: _____

Address 36 SE 13TH ST

Address: _____

DANIA BEACH, FL 33004

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: MONSERRAT DOMINGUEZ
Address: 36 SE 13TH ST
DANIA BEACH, FL 33004

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MONSERRAT DOMINGUEZ
Address: 36 SE 13TH ST
DANIA BEACH, FL 33004

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

M. Dominguez 02-25-2019
Required Signature/Registered Agent 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.

M. Dominguez 02-25-2019
Required Signature/Incorporator Date

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