2/6/2020 Division of Corporations

P20000011708

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.

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To:

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

From:

Account Name : TAX CARE CELEBRATION
Account Number : 120190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: SunBizReg@taxcareinc.com

FLORIDA PROFIT/NON PROFIT CORPORATION
DAVID SUPPLIER & SERVICE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

FILED
2020 FEB -6 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

K. PAGE

FEB 12 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2020

TAX CARE
1400 NW 10TH AVE, STE 430
SWEETWATER, FL 33172

SUBJECT: DAVID SUPPLIER & SERVICE INC.
REF: W20000012412

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

PLEASE PROVIDE AN ADDRESS FOR MGR.

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

FAX Aud. #: H20000041134
Letter Number: 420A00002720

RECEIVED
2020 FEB -6 PM 12:59

COVER LETTER

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

SUBJECT: David Supplier + Service 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: Tax Care
Name (Printed or typed)

1100 NW 172nd Ave Ste 430
Address

Sweetwater FL 33172
City, State & Zip

(786) 340-8804
Daytime Telephone number

Sandberg@taxcare.com (opt)
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: David Supplier + Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8240 NW 10th St.
Pembroke Pines FL 33024

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To engage in any lawful activity for which a corporation may be incorporated in the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rafael Castellano, Mgr.
Address: 8240 NW 10th St.
Pembroke Pines, FL
33024

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FL

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: Jesus Bermudez

Address: 12701 S John Young Pkwy Ste 216

Orlando, FL 32837

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Rafael Castellanos

Address: 8240 NW 10th St

Pembroke Pines FL 33024

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

Jesus Bermudez 2/5/20

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.

RC 2/5/20

Required Signature/Incorporator Date