

P20000015943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

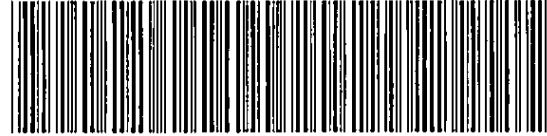
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 FEB 21 AM 10:59

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## COVER LETTER

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

SUBJECT: LINOSA RED 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee.  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: DHSI INC  
Name (Printed or typed)

5781 Lee Blvd Suite 208 Box 236  
Address

Lehigh Acres, Florida 33971  
City, State & Zip

239-908-1312  
Daytime Telephone number

info@linosared.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 NAME**

The name of the corporation shall be: LINOSA RED INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>8042 Silver Birch Way</u> <u>Lehigh Acres, Florida 33971</u>	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Start a new business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>DHSI INC President</u>  Address: <u>8042 Silver Birch Way</u> <u>Lehigh Acres, FL 33971</u> _____ _____ _____	Name and Title: _____  Address: _____ _____ _____ _____
Name and Title: _____  Address: _____ _____ _____	Name and Title: _____  Address: _____ _____ _____
Name and Title: _____  Address: _____ _____ _____	Name and Title: _____  Address: _____ _____ _____

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2024 FEB 21 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: DHSI INC.  
Address: 5781 Lee Blvd Suite 208 Box 236  
Lehigh Acres, Florida 33971

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: DHSI INC.  
Address: 5781 Lee Blvd Suite 208 Box 236  
Lehigh Acres, Florida 33971

**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*



\_\_\_\_\_  
Required Signature/Registered Agent

02-21-2020

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

02-21-2020  
\_\_\_\_\_  
Date