

P20000060930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

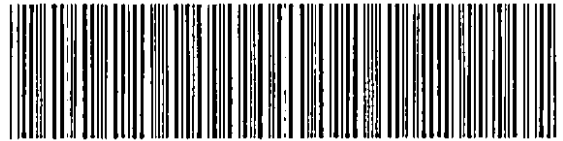
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2020 AUG 11 PM 1:04  
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TALLAHASSEE, FLORIDA

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2020 AUG 11 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 AUG 11

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/11/2020

**\*\*WALK IN\*\***

ENTITY NAME DIGITAL MARKETING AF INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX \_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70.00

ACCOUNT #: 120160000072

*E R J*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

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

**SUBJECT:** Digital Marketing AF 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:** ZenBusiness PBC  
Name (Printed or typed)

5900 Balcones Dr., Suite 5000  
Address

Austin tX 78731  
City, State & Zip

844-493-6249  
Daytime Telephone number

fulfillment@zenbusiness.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: Digital Marketing AF Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

391 Merlin Avenue

Satellite Beach, FL 32937-5541

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: We help Entrepreneurs Market their products to Scale

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: Joshua F Centers Director, P. Tres

Name and Title: \_\_\_\_\_

Address 391 Merlin Avenue

Address: \_\_\_\_\_

Satellite Beach, FL 32937-5541

Name and Title: Jeffrey Lopez Director, VP, Sec

Name and Title: \_\_\_\_\_

Address 11009 Alterra Parkway

Address: \_\_\_\_\_

Unit 1706

Austin, TX 78758

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2020 AUG 11 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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: Registered Agents Inc.  
Address: 7901 4th St N STE 300  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Joshua F Centers  
Address: 391 Merlin Avenue  
Satellite Beach, FL 32937-5541

**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*

/s/ Bill Havre c/o Registered Agents Inc. 08/07/2020  
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.*

/s/ Joshua F Centers 08/07/2020  
Required Signature/Incorporator Date