

P20000076288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

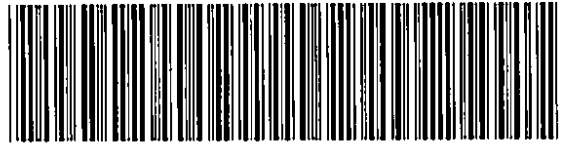
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/30/20--01026--004 **78.75

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2020 SEP 30 PM 3:50

CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2020 SEP 30 AM 10:47

CLERK OF STATE
TALLAHASSEE, FL

WILLIGAN

OCT 1 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 9/30 Glinda

☐ **CERTIFIED COPY** _____
☒ **PHOTOCOPY** _____
☒ **CUS** GS _____
☒ **FILING** Articles _____

1. **DIVINE TREASURY INC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

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

SUBJECT: DIVINE TREASURY 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: ADA F BRAVO

Name (Printed or typed)

18501 PINES BLVD STE 105

Address

PEMBROKE PINES FL 33029

City, State & Zip

954-963-8771

Daytime Telephone number

ADA@BRAVOACCOUNTING.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)

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ARTICLE I NAME

The name of the corporation shall be: DIVINE TREASURY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2331 NW 208TH ST

MIAMI GARDENS FL 33056

SECRETARY OF STATE
TALLAHASSEE, FL
Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRINCE V. IHEME

Name and Title: PRESIDENT

Address: 2331 NW 208TH ST

Address: _____

MIAMI GARDENS FL 33056

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: PRINCE V. IHEME
Address: 2331 NW 208TH ST
MIAMI GARDENS FL 33056

ARTICLE VII INCORPORATOR

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

Name: ADA F BRAVO
Address: 18501 PINES BLVD STE 105
PEMBROKE PINES FL 33029

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

Prince V IHEME

Required Signature/Registered Agent

09/30/2020

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.

Ada F Bravo

Required Signature/Incorporator

09/30/2020

Date

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SECRETARY OF STATE
TALLAHASSEE, FL