

P2000000 82771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

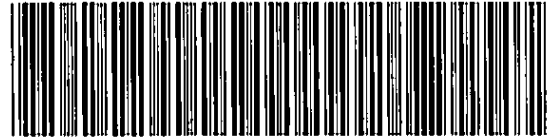
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/22/20--01001--017 **70.00

C RICO
OCT 22 2020

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2020 OCT 22 PM 1:59
FILED
2020 OCT 22 PM 1:20
Clerk of Court
Clerk of Court

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DIGITAL CORNER INC

Signature _____

Requested by: SETH

10/21/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

COVER LETTER

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

SUBJECT: Idigital corner 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: Herman Singh CPA
Name (Printed or typed)

600 Birchard Rd, Suite 2008
Address

Lake Mary FL 32746
City, State & Zip

407-831-1399
Daytime Telephone number

Sherry @ hstaxes.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:

idigital corner inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1751 Melon Bay Drive
Orlando FL 32828

Mailing address, if different is:

1751 Melon Bay Drive
Orlando FL 32828**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: retail sales**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Aseel Saeed President

Name and Title:

Address: 1751 Melon Bay Drive
Orlando, FL 32828

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

FILED
2020 OCT 22 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FL

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: _____

Aseel Saeed

Address: _____

1751 Malon Bay Drive
Orlando FL 32828**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: _____

Aseel Saeed

Address: _____

1751 Malon Bay Drive
Orlando FL 32828**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

Date

10/21/2020*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*_____
Required Signature/Incorporator

Date

10/21/2020