

2/16/2021

PAI 000014378

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.

(((H21000064873 3)))



H210000648733ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DLEVANTE SMART SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

JAC 2/17/21

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: DLEVANTE SMART SERVICES INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address642 NW 5th AVENUE #B406
MIAMI, FL 33136

Mailing address, if different is:

642 NW 5th AVENUE #B406
MIAMI, FL 33136**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS / COMPUTER REPAIR**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CARMEN DLEVANTE PELOUBET - P

Name and Title: _____

Address

642 NW 5th AVENUE #B406

Address: _____

MIAMI, FL 33136

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 FEB 16 PM 4:50
FILED

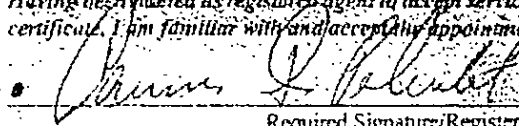
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

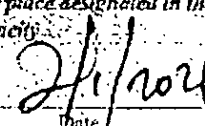
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CARMEN DLEVANTE PELOUBETAddress: 642 NW 5th AVENUE #B406MIAMI, FL 33136**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CARMEN DLEVANTE PELOUBETAddress: 642 NW 5th AVENUE #B406MIAMI, FL 33136**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 / Incorporator



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 _____

Date 02/01/2021