

3/8/2021

**PA1000021131**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : 120190000086  
Phone : (305)275-1300  
Fax Number : (888)653-6564

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

Email Address: deivi94barreras@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**D & Demarkable Delivery Services Inc**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

*Inc 3/9/21*

Electronic Filing Menu

Corporate Filing Menu

Help

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# ARTICLES OF INCORPORATION

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

# ARTICLE / NAME

The name of the corporation shall be: D & Demarkable Delivery Services Inc

**ARTICLE II** **PRINCIPAL OFFICE**

Principal **street** address is: 13250 SW 88 Terrace, Apt# 206, Miami, FL 33186

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Mari Lopez, President

Address: 13250 SW 88 Terrace, Apt# 206, Miami, FL 33186

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

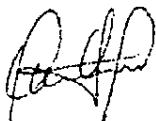
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

#### ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing:

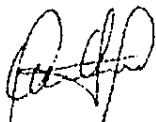
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/08/2021

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

03/08/2021

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