

P21000024937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

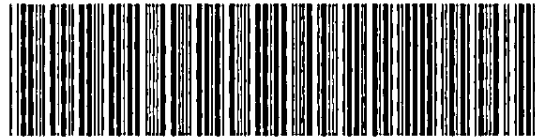
(Document Number)

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

Special Instructions to Filing Officer:

L17000124078

Office Use Only



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02/25/21--01028--009 \*\*87.50

FILED  
2021 FEB 25 AM 8:18  
CLERK OF COURT  
JANUARY 2021

R. WHITE  
MAR 22 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2021

CARLA CATE  
14391 SPRING HILL DR. #199  
SPRING HILL, FL 34609 US

SUBJECT: DCR HOLDINGS INC.  
Ref. Number: W21000030894

We have received your document for DCR HOLDINGS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L17000124078.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia M Rivers  
Regulatory Specialist II

Letter Number: 421A00004790

## COVER LETTER

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

**SUBJECT:** DCR HOLDINGS 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

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee, & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Carla Cate  
Name (Printed or typed)

14391 Spring Hill Dr.#199  
Address

Spring Hill, Florida 34609  
City, State & Zip

281-844-850  
Daytime Telephone number

dcrholdingsinc@gmail.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: DCR unlimited, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14391 Spring Hill Dr Ste 199  
Spring Hill, Florida 34609

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To invest(purchase) in tax liens

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Carla Cate  
Address: 14391 Spring Hill Dr. Ste 199  
Spring Hill, Florida 34609

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Carla Cate

Address: 14391 Spring Hill Dr. Ste. 199  
Spring Hill, Florida 34609

2021 FEB 25 AM 8:18  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

**ARTICLE VII INCORPORATOR**

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

Name: Carla Cate

Address: 1391 Spring Hill Dr. Ste. 199  
Spring Hill, Florida 34609

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: February 23, 2021

**(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***

Carla Cate  
Required Signature/Registered Agent

02/23/2021  
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.*

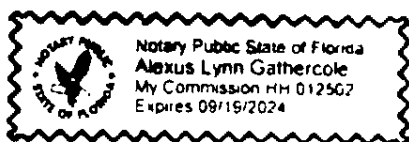
Carla Cate  
Required Signature/Registered Agent

02/23/2021  
Date

STATE OF FLORIDA

COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of February, 2021, by Carla Cate, who is personally known to me or who has produced driver's license as identification and who did take an oath.



Alexis Lynn Gathercole

Notary Public, State of Florida

At Large

My Commission Expires: 09/15/2024