

P21000054032

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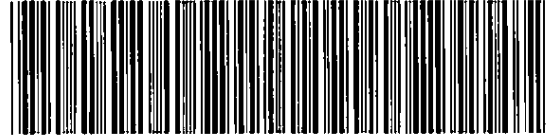
(Business Entity Name)

(Document Number)

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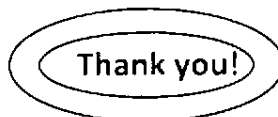
Name:	Don Commerce Inc.
Document #:	
Order #:	13718060

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ 70.00



COVER LETTER

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

SUBJECT: DON COMMERCE 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: ALEX D. SIRULNIK, P.A.

Name (Printed or typed)

2199 PONCE DE LEON BOULEVARD, SUITE 301

Address

CORAL GABLES, FL 33134

City, State & Zip

305-443-7211

Daytime Telephone number

ADS@SIRULNIKLAWS.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL

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: DON COMMERCE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6899 COLLINS AVENUE

UNIT 1006

MIAMI BEACH, FL 33141

Mailing address, if different is:

6899 COLLINS AVENUE

UNIT 1006

MIAMI BEACH, FL 33141

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: JASON DONISON- PRESIDENT

Name and Title: _____

Address 6899 COLLINS AVENUE

Address: _____

UNIT 1006

MIAMI BEACH, FL 33141

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: ALEX D. SIRULNIK, P.A.
Address: 2199 PONCE DE LEON BLVD., #301
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

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

Name: ALEX D. SIRULNIK, P.A.
Address: 2199 PONCE DE LEON BLVD., #301
CORAL GABLES, FL 33134


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

6/7/21
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

6/7/21
Date

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SECRETARY OF STATE
TALLAHASSEE, FL

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