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2021 AUG -2 PM 4:31

F-11-11

## COVER LETTER

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

2014-03-11 14:31  
F-1

SUBJECT: Dzine Studio SW FL, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Janine Giannazzi  
Name (Printed or typed)

9712 Foxglove Circle  
Address

Ft Myers, FL 33919  
City, State & Zip

339-628-8695  
Daytime Telephone number

Dzine.Studio@yahoo.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: Dzine Studio SWFL, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9712 Foxglove Cir  
FT Myers FL 33919

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any And All business

pertaining to Graphic Design.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Shares @ \$1.00 par value per share

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

Name and Title: Janine Giovinazzi Name and Title: \_\_\_\_\_

Address 9712 Foxglove Cir Address: \_\_\_\_\_  
FT Myers FL 33912  
President

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: Janine GIOVINAZZI

Address: 9712 Foxglove Cir  
FT Myers, FL 33919

**ARTICLE VII INCORPORATOR**

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

Name: Janine GIOVINAZZI

Address: 9712 Foxglove Cir  
FT Myers, FL 33919

**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*

✓ Janine Giovinazzi  
Required Signature/Registered Agent

7-26-21  
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.*

✓ Janine Giovinazzi  
Required Signature/Incorporator

7-26-21  
Date