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To:

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

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
DOMA ASSOCIATES INC

T. SCOTT  
DEC 22 2021

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# 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:

**DOMA ASSOCIATES INC**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**9931 SW TORRIENTE LN  
PORT ST LUCIE FL 34986**

## ARTICLE III PURPOSE

*The purpose(s) for which this corporation is organized is/are to engage in any activity within the purposes for which corporations may be organized under Chapter 607 and/or Chapter 621, F.S.  
(Profit)*

## ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **200 No Par Value**

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**DONATANGELO DENORA, 9931 SW TORRIENTE LN, PORT ST LUCIE 34986**

## ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**DONATANGELO DENORA,  
9931 SW TORRIENTE LN, PORT ST LUCIE 34986**

**December 17, 2021**

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

**s/ DONATANGELO DENORA  
DONATANGELO DENORA  
Registered Agent**

*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.*

**s/ DONATANGELO DENORA  
DONATANGELO DENORA  
Incorporator / President**

21 DEC 21 PM 12:43  
MAIL ROOM

**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: DOMA ASSOCIATES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9931 SW TORRIENTE LANE  
PORT ST. LUCIE, FL 34986**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: BOOKKEEPING**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DONATANGELO DENORA Name and Title: \_\_\_\_\_Address TITLE: PRESIDENT Address: \_\_\_\_\_9931 SW TORRIENTE LANEPORT ST. LUCIE, FL 34986

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: DONATANGELO DENORA  
Address: 9931 SW TORRIENTE LANE  
PORT ST. LUCIE, FL 34986

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DONATANGELO DENORA  
Address: 9931 SW TORRIENTE LANE  
PORT ST. LUCIE, FL 34986

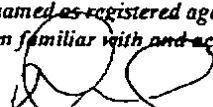
**ARTICLE VIII EFFECTIVE DATE:**

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

12/17/2021

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

12/17/2021

\_\_\_\_\_  
Date