

P2200000 5958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

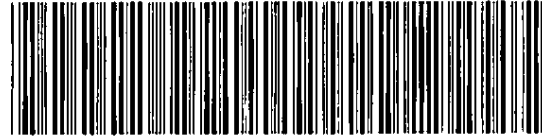
(Document Number)

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ALLAHASSEE, FL

2022 JAN -3 AM 7:52

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ALLAHASSEE, FL

2022 JAN -3 AM 10:09

FILED

## COVER LETTER

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

**SUBJECT:** DG Elite Enterprises, 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:** Mr. David Grubbs

Name (Printed or typed)

11380 NW 34 Street, Suite A-1

Address

Doral, FL 33178

City, State & Zip

1-305-345-0113

Daytime Telephone number

dgrubbs82@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: DG Elite Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>11380 NW 34 Street</u> <u>Suite A-1</u> <u>Doral, FL 33178</u>	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in providing , and otherwise be active in  
all lawful services and consultation within the scope of FL law.

**ARTICLE IV SHARES**

The number of shares of stock is: One hundred million (100,000,000)

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

Name and Title: <u>Mr. David Grubbs P, T, S, D</u> Address <u>11380 NW 34 Street</u> <u>Suite A-1</u> <u>Doral, FL 33178</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

**FILED**  
2022 JAN -3 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Mr. David Grubbs

Address: 11380 NW 34 Street, Suite A-1

Doral, FL 33178

**ARTICLE VII INCORPORATOR**

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

Name: Mr. David Grubbs

Address: 11380 NW 34 Street, Suite A-1

Doral, FL 33178

**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*

David Grubbs  
Required Signature/Registered Agent

1/28/2022  
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.*

David Grubbs  
Required Signature/Incorporator

1/28/2022  
Date