

P22000006489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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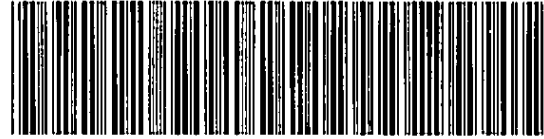
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: DSI AV SOLUTIONS, 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: SAHAR SARGIUOS  
Name (Printed or typed)

4202 MORNING BREEZE CT  
Address

TAMPA, FL 33619  
City, State & Zip

347-481-7596  
Daytime Telephone number

saharmilad@hotmail.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: DSI AV SOLUTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4202 MORNING BREEZE CT

4202 MORNING BREEZE CT

TAMPA, FL 33619

TAMPA, FL 33619

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

INTERNE / AUDIO / VIDEO INSTALLATION

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: SAHAR SARGIUOS / PRESIDENT

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

Address 4202 MORNING BREEZE CT

Address: \_\_\_\_\_

TAMPA, FL 33619

Name and Title: IONUT DASCALU / VICE PRES

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

Address 4202 MORNING BREEZE CT

Address: \_\_\_\_\_

TAMPA, FL 33619

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

22 JAN 20 AM 11:15  
SECRETARY  
DIVISION OF CORPORATIONS

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: SAHAR SARGIUOS  
Address: 4202 MORNING BREEZE CT  
TAMPA, FL 33619

**ARTICLE VII INCORPORATOR**

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

Name: SAHAR SARGIUOS  
Address: 4202 MORNING BREEZE CT  
TAMPA, FL 33619

**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*

Sahar Sargiuos 1/16/2022  
Required Signature/Registered Agent 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.*

Sahar Sargiuos 1/16/2022  
Required Signature/Incorporator Date