

PZ000028687

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DYLANSPROPERTIES@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

DGF Advisors Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED

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CORPORATIONS
COMMERCIAL
SERVICES

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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: DGF Advisors Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
<u>3110 Grand Ave #1210</u>	<u></u>
<u>Pinellas Park, FL 33782</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dylan Florea - President/Director</u>	Name and Title:	<u></u>
Address	<u>3110 Grand Ave #1210</u>	Address:	<u></u>
	<u>Pinellas Park, FL 33782</u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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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: Dylan Florea

Address: 3110 Grand Ave #1210

Pinellas Park, FL 33782

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dylan Florea

Address: 3110 Grand Ave #1210

Pinellas Park, FL 33782

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

April 14, 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.

Required Signature/Incorporator

April 14, 2022

Date

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