Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WF TAXES AND MORE INC.

Account Number : I20200000043 Phone : (772)879-0010 : (772)879-0150 Fax Number

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

FLORIDA PROFIT/NON PROFIT CORPORATION DMD DETAILING INC

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

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: DMD DETAILING INC							
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:					
☐ \$70.00 ☐ \$78.75 Filing Fee	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of					
	ADDITIONAL CO	Status PY REQUIRED APR 20					
FROM: FLORENTINO SOTO HERNANDEZ							
FROM: FLORENTINO SOTO HERNANDEZ Name (Printed or typed) Fig. 5							
11090 SE FEDERAL HWY LOT 84							
Address							
HOBE SOUND, FL 33455 City, State & Zip							
772-634-7308							
Daytime Telephone number							
WFTAXES.MORE@GMAIL.COM E-mail address: (to be used	for future annual report n	otification)					

NOTE: Please provide the original and one copy of the articles.

î

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal street a 11090 SE FEDERAL HWY LOT 84 HOBE SOUND, FL 33455 ARTICLE III PURPOSE The purpose for which the corporation is	address 4		ing address, if different is:
ARTICLE III PURPOSE			
	s organized is:AN	IY AND ALL LEGAL BU	SINESS
			2023
ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS	AND/OR DIRECTOR		APR 20 PH 1
	OTO HERNANDEZ, PRE ERAL HWY LOT 84 D, FL 33455		

Name a	od Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI	REGISTERED_AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	FLORENTINO SOTO HERNANDEZ	_	
Address:	11090 SE FEDERAL HWY LOT 84		
	HOBE SOUND, FL 33455		
ADTICLE IZL	INCORPOR ITOR		
ARTICLEYII	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is:		
Name:	WALTER GOMEZ		2023
Address:	508 SW PORT ST. LUCIE BLVD.	<u> </u>	3 APR
	PORT ST. LUCIE, FL 34953		23 APR 20 PM
		3	
ARTICLE VIII	EFFECTIVE DATE:		P#
Effective date, i	f other than the date of filing:	(01:10:110)	
(If an effective filing.)	date is listed, the date must be specific and cal	nnot be more than five days prior or 90 days aft	
Note: If the da	te inserted in this block does not meet the applica	ble statutory filing requirements, this date will not	be listed as
	effective date on the Department of State's recor		
		ss for the above stated corporation at the place desig	gnated in this
certificate, I am	familiar with and accept the appointment as regi	stered agent and agree to act in this capacity	
41	Opening States & Project Agent	04/20/2022	
	Required Signature/Registered Agent	Date	
l submit this do	cument and affirm that the facts stated herein i	are true. I am aware that the false information su	obmitted in a
document to the	Department of State constitutes a third degree fe	lony as provided for in s.817.155, F.S.	
2.1.	Its Commercia	- 4-	
Required Signal	ture/Incorporator		
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