

# P22000032685

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000142794 3)))



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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  
Fax Number : (772)879-0150

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

Email Address: Wftaxes.more@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DOMINGOS SERVICES FL INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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2022 MAY -2 PM 4:58  
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April 21, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WF TAXES AND MORE INC

SUBJECT: DOMINGOS SERVICES FL INC  
REF: W22000053145

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Matthew T Moon  
Regulatory Specialist II Supervisor  
New Filing Section

FAX Aud. #: H22000142794  
Letter Number: 522A00009388

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### COVER LETTER

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

**SUBJECT:** DOMINGOS SERVICES FL 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:** MABLEY M DOMINGOS  
Name (Printed or typed)  
1620 SW BASCOM AVE  
Address  
PORT ST LUCIE, FL 34953  
City, State & Zip  
772-342-2638  
Daytime Telephone number  
WFTAXES.MORE@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2022 MAY -2 AM 10:30  
TALLAHASSEE, FL

**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: DOMINGOS SERVICES FL INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>1620 SW BASCOM AVE</u>	_____
<u>PORT SAINT LUCIE, FL 34953</u>	_____
_____	_____

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>MABLEY M DOMINGOS, PRESIDENT</u>	Name and Title: _____
Address: <u>1620 SW BASCOM AVE</u>	Address: _____
<u>PORT SAINT LUCIE, FL 34953</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

2022 MAY -2 AM 10:30  
 MABLEY M DOMINGOS, PRESIDENT

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: MABLEY M DOMINGOS  
 Address: 1620 SW BASCOM AVE  
PORT SAINT LUCIE, FL 34953

**ARTICLE VII INCORPORATOR**

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

Name: WALTER GOMEZ  
 Address: 508 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34953

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 TALLAHASSEE, FL  
 FILED


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

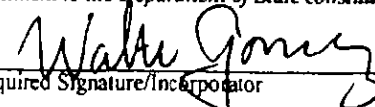
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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 Date 05/02/22

*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 Date 05/02/22