

P22 00005623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

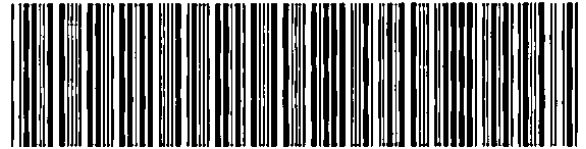
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600390564316

07/14/22--01018--021 **10

S. CHATHAM
JUL 15 2022

ALLAHASSEE, ALA

2022 JUL 14 PM 2:48

2022 JUL 14 PM 8:17

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 7/14 Glinda

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** ARTICLES _____

1. **DUCERF HOLDINGS INC.**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

**SPECIAL
INSTRUCTIONS:**

7/14/17
8:17

COVER LETTER

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

SUBJECT: DUCERF HOLDINGS 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: SAMUEL J. CANTOR, P.A.

Name (Printed or typed)

1001 YAMATO ROAD, SUITE 310

Address

BOCA RATON, FL 33431

City, State & Zip

561-982-9555

Daytime Telephone number

patty@samcanpa.com

E-mail address: (to be used for future annual report notification)

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

22 JUL 14 PM 8:17

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: DUCERF HOLDINGS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6671 WEST INDIANTOWN ROAD

SUITE 50, PMB 435

JUPITER, FL 33458

Mailing address, if different is:

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>ROBERT BLATT, PRESIDENT, DIRECTOR</u>	Name and Title: <u>SIMONE BISTRICER, DIRECTOR</u>
--	---

Address 1001 YAMATO ROAD, SUITE 310

BOCA RATON, FL 33431

Address: 1001 YAMATO ROAD, SUITE 310

BOCA RATON, FL 33431

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

28 JUL 14 PM 8:17

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: SAMUEL J. CANTOR
Address: 1001 YAMATO ROAD, SUITE 310
BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Blatt
Address: 6671 W. Indiantown Rd
Suite 50 PMB 435
Jupiter 33458

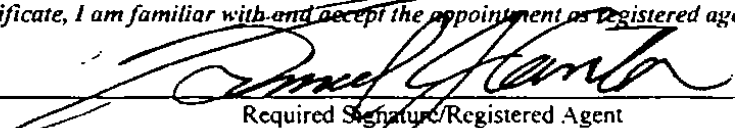
ARTICLE VIII EFFECTIVE DATE:

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.)

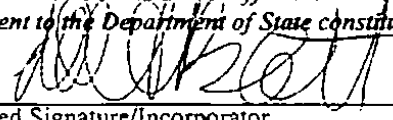
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/14/22
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

07-14-2022
Date

22 JUL 14 PM 8:17