

PZ000079589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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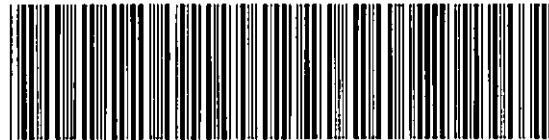
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/19/22--01005--008 **637.50

2022 OCT 13 AM 10:28

CALLAHAN, FLOR.

2022 OCT 19 AM 10:21

RECEIVED

COVER LETTER

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

SUBJECT: D-N-D Office Installations 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: DARRELL FLOWERS
Name (Printed or typed)

6834 Coronet Road
Address

Lakeland, FL 33811
City, State & Zip

813-399-4457
Daytime Telephone number

darrellflow69@gmail.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: D-N-D Office Installations Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6834 Coronet Road

Lakeland, FL 33811

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist business owners

with the makeup of office equipment and furniture.

It is to create a better environment for their employees.

ARTICLE IV SHARES

The number of shares of stock is: 100

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FILED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darrell Flowers President Name and Title: N/A

Address: 6834 Coronet Road Address: N/A

Lakeland, FL 33811

Name and Title: N/A Name and Title: N/A

Address: N/A Address: N/A

Name and Title: N/A Name and Title: N/A

Address: N/A Address: N/A

Name and Title:

Address:

N/A

Name and Title:

Address:

N/A

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

WTKE Resource Center

Address:

1401 S.W. M.L.K. Jr. St. Ste. 1421
Arcadia FL 34266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Jennifer Daniels

Address:

1678 S.W. Harlem Circle
Arcadia, FL 34266

2022 OCT 19 AM 10:17
STATE OF FLORIDA
DEPARTMENT OF STATE

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

Jennifer Daniels
Required Signature/Registered Agent

10/19/22
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.

Jennifer Daniels
Required Signature/Incorporator

10/19/22
Date