

2/9/23, 10:02 AM

Division of Corporations

# P23000010409

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000052302 3)))



H230000523023AECF

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ELO ENTERPRISES, INC  
Account Number : I20150000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

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

Email Address: natalia@eloenterprises.us

## FLORIDA PROFIT/NON PROFIT CORPORATION D BARBOSA, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

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 BARBOSA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4124 NW 6<sup>th</sup> STREET  
DEERFIELD BEACH, FL 33442

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIELLE DARZE ABBADE BARBOSA - P

Name and Title: \_\_\_\_\_

Address 4124 NW 6<sup>th</sup> STREET

Address: \_\_\_\_\_

DEERFIELD BEACH, FL 33442

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

02/09/2023 10:20

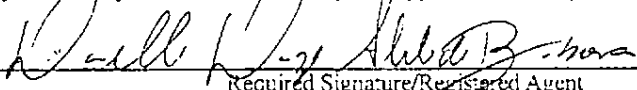
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

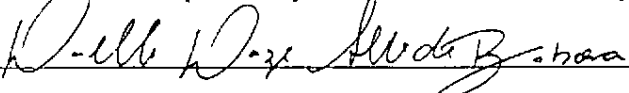
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: DANIELLE DARZE ABBADE BARBOSAAddress: 4124 NW 6th STREETDEERFIELD BEACH, FL 33442ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: DANIELLE DARZE ABBADE BARBOSAAddress: 4124 NW 6th STREETDEERFIELD BEACH, FL 33442ARTICLE 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 Agent02/09/2023

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.*02/09/2023

Required Signature/Incorporator

Date