

4/19/23, 2:32 PM

Division of Corporations

P23000031451

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.

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

From:
Account Name : TAX S PRO CORP
Account Number : I20200000147
Phone : (786)307-2733
Fax Number : (954)420-7118

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

Email Address: **INFO@TAXSPRO.COM**

RECEIVED
2023 APR 19 PM 3:56

REGISTRATION
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
DAHL FITNESS WEAR CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 APR 19 PM 12:42

FILED

Electronic Filing Menu

Corporate Filing Menu

ACCOUNTING AND TAX SERVICES

TAXSPRO Help

800 PHIL BLVD
PENSACOLA, FL 32504
TEL: 786-888-0001
INFO@TAXSPRO.COM

HA

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: TAX S PRO CORP
 Address: 8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Address: TAX S PRO CORP
8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VIII EFFECTIVE DATE:

04/19/2022

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 04/19/2022

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 04/19/2022



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:

DAHL FITNESS WEAR CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

4507 NW 49 CT,

TAMARAC, FLORIDA 33319

Mailing address, if different is:

4507 NW 49 CT,

TAMARAC, FLORIDA 33319

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: **PRESIDENT**

Address

LUJO, HUMBERTO

4507 NW 49 CT

TAMARAC, FL 33319

VP

ALCALDE RAMIREZ, DIANA ISABEL

Address:

4507 NW 49 CT

TAMARAC, FL 33319

Address

Name and Title:

Address:

Name and Title:

Name and Title:

Address

Address:



COVER LETTER

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

DAHL FITNESS WEAR CORP

SUBJECT: _____
(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: **TAX S PRO CORP**
Name (Printed or typed)
8030 PINES BLVD
Address
PEMBROKE PINES , FLORIDA 33024
City, State & Zip
786-3072733
Daytime Telephone number
INFO@TAXSPRO.COM
E-mail address: (to be used for future annual report notification)

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

