

P24000017908

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
DCARLIE CHOCOLATIER INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED  
2024 MAR 12 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FL



March 11, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: DCARLIE CHOCOLATIER INC  
REF: W24000039209

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H24000092224  
Letter Number: 924A00005220

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: DCARLIE CHOCOLATIER INC

2024 MAR 12 AM 11:37

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

14436 SW 161 PL

MIAMI, FL 33196

SAME

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT IS:  
TALLAHASSEE, FL

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS L. MENENDEZ- P

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

Address 14436 SW 161 PL

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

MIAMI, FL 33196

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

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

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

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

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: CARLOS L. MENENDEZ  
Address: 14436 SW 161 PL  
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS L. MENENDEZ  
Address: 14436 SW 161 PL  
MIAMI, FL 33196

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*

/s/ Carlos L. Menendez 03/07/2024  
Required Signature/Registered Agent 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.*

/s/ Carlos L. Menendez 03/07/2024  
Required Signature/Incorporator Date

**P24000017908**  
**AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared, Carlos L. Menendez, who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the President of DCARLIE CHOCOLATIER INC a Florida corporation, filed with the Florida Department of State on 12/14/2020.
2. The undersigned hereby consents to and authorizes the use of the name DCARLIE CHOCOLATIER INC.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

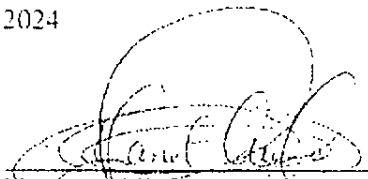
/s/ Carlos L. Menendez

Carlos L. Menendez

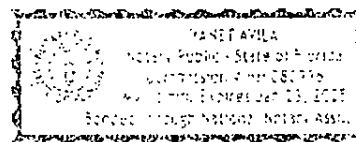
STATE OF FLORIDA                    )  
  ) SS:  
COUNTY OF MIAMI-DADE        )

PERSONALLY, appeared before me, Carlos L. Menendez who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 12 day of March, 2024

  
Notary Public - Yanet Avila

Seal:



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**2024 MAR -8 AM 2:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**