P24000031008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Ephph2th2 DBR, 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: Mildred O. Smith
Name (Printed or typed)

255 Green Turtle Lane
Address

St. Augustine, Florida 32086
City, State & Zip

(850) 597-1976
Daytime Telephone number

millijr@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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: Ephpha tha DBR, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

931 N. SR 434
Ste 1201-307
Altamonte Spring, FL 32714

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ainsworth Robinson

Address: 931 N. SR. 434
Ste 1201-307
Alta Monte Spring FL
32714

Name and Title: CEO (Chief Executive Office

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Mildred O. Smith

Address: 255 Green Turtle Lane
St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mildred O. Smith

Address: 255 Green Turtle Lane
St. Augustine, FL 32086

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 6, 2024 (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

Mildred O. Smith
Required Signature/Registered Agent

05/06/2024
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.

Mildred O. Smith
Required Signature/Incorporator

05/06/2024
Date

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SECRETARY OF STATE
TALLAHASSEE, FL
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I Mildred Smith am releasing the name Ephph2th2 DBR, LLC Doc Number L24000010346 to Ephph2th2 DBR, Inc

Mildred Smith
Mildred Smith
05/06/2024

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2024 MAY -6 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

I Mildred Smith 2m releasing the name Ephph2th2 DBR, LLC Doc Number L24000010346 to Ephph2th2 DBR, Inc

Mildred Smith.
Mildred Smith
05/06/2024