

To: State of Florida
12/17/24, 2:52 PM

Page 1 of 4

2024 DEC 17 2:51:09 PM

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From: Harbor Title, Inc.

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Division of Corporations

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

From:
Account Name : NO FEE LLC
Account Number : I20240000066
Phone : (954)565-4311
Fax Number : (954)337-3131

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

Email Address: samsamiea@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION
DEK MANAGEMENT CO

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

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COVER LETTER

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

SUBJECT: DEK Management Co.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Randy Rosa, Esq
Name (Printed or typed)

320 SE 18th St.
Address

Ft. Lauderdale FL 33316
City, State & Zip

954-565-4311
Daytime Telephone number

~~Samsamiea~~ Samsamiea@aol.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:

DEK Management Co.

ARTICLE II PRINCIPAL OFFICEPrincipal Street address

Mailing address, if different is:

3823 NW 49 St.

Tamarac FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any activity permitted under
the laws of the state of Florida.ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jon T. Deepsoner, Pres.

Name and Title:

Address

5500 Coconut Terr.

Address:

Plantation FL 33317

Name and Title: Scott Anderson, V.P.

Name and Title:

Address

3322 SW 15 Ct.

Address:

Ft. Lauderdale, FL 33312

Name and Title: Brandon Collins, Secretary

Name and Title:

Address

661 SW 54 Ave.

Address:

Ft. Lauderdale, FL 33317

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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: Sam Sami
Address: 8181 W. Broward Blvd., #350
Plantation, FL 33324

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Jon Deepsomers
Address: 3900 Coconut Terr.
Plantation, FL 33317

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:

Required Signature/Registered Agent 12-17-24
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.

Required Signature/Incorporator 12-17-24
Date

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