P25000000103 FE 1-2-25

(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 FLORIDA

COVER LETTER

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

SUBJECT: Dumas Ventures 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: Marlon J Joseph
Name (Printed or typed)

1981 SE Manth Ln
Address

Port Saint Lucie, FL 34983
City, State & Zip

774-454-4384
Daytime Telephone number

pfsdream@gmail.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: Dumas Ventures Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1981 SE Manth Ln
Port Saint Lucie, FL 34983

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide and assist with financial services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlon J Joseph, President
Address: 1981 SE Manth Ln
Port Saint Lucie, FL 34983

Name and Title: Marlon J Joseph, Director
Address: 1981 SE Manth Ln
Port Saint Lucie, FL 34983

Name and Title: Marlon J Joseph, Secretary
Address: 1981 SE Manth Ln
Port Saint Lucie, FL 34983

Name and Title:
Address:

Name and Title: Marlon J Joseph, Treasurer
Address: 1981 SE Manth Ln
Port Saint Lucie, FL 34983

Name and Title:
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: Marlon J Joseph

Address: 1981 SE Manth Ln

Port Saint Lucie, FL 34983

ARTICLE VII INCORPORATOR

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

Name: Marlon J Joseph

Address: 1981 SE Manth Ln

Port Saint Lucie, FL 34983

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

_____ 12-18-24

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.

_____ 12-18-24

Required Signature/Incorporator Date