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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

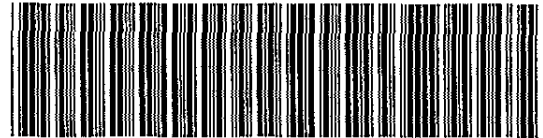
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB - 3 AM 8:07

COVER LETTER

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

SUBJECT: DME Innovations Corp.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael KOZAK
Name (Printed or typed)

6768 16 Terrace N. # 196
Address

ST. Petersburg, F.L. 33710
City, State & Zip

727-365-3978
Daytime Telephone number

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)

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ARTICLE I NAME

The name of the corporation shall be:

DME Innovations Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 10550 SW 52 PLACE

P.O. Box 518 Cedar Key, Florida 32625-0518

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

List name(s), address(es) and specific title(s):

Michael KOZAK, 6768 16 Terrace N., ST. Petesburg, F.L. 33710.

Title: Michael KOZAK President.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Frank KOZAK, 10550 S.W. 52nd place. Cedar Key, Florida 32625-0

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael KOZAK
6768 16 TERR. N APT 196
ST. PETE. FL. 33710

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

Frank A. Kozak
Signature/Registered Agent

1/31/06
Date

Michael K. Kozak
Signature/Incorporator

1-16-06
Date