

P07000036816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

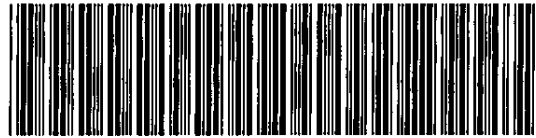
(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 MAR 22 AH 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DC Title Group, 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: Gioia DeCarlo, Esq.
Name (Printed or typed)

18851 NE 29 Avenue, Suite 700
Address

Aventura, FL 33180
City, State & Zip

(305) 466-1475
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)

ARTICLE I NAME

The name of the corporation shall be:

DC Title Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

18851 NE 29 Avenue, Suite 700, Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gioia DeCarlo
18851 NE 29 Avenue, Suite 700, Aventura, FL 33180.
President and Director.

ARTICLE VI REGISTERED AGENT

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

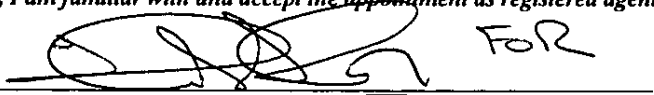
Gioia DeCarlo
18851 NE 29 Avenue, Suite 700, Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gioia DeCarlo
18851 NE 29 Avenue, Suite 700, Aventura, FL 33180.

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

 FOR

Signature/Registered Agent

03/21/2007

Date



Signature/Incorporator

03/21/2007

Date

2007 MAR 22 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED