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TALLAHASSEE, FLORED

* Burch JUN 2 5 2008

COVER LETTER

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

SUBJECT: Do IT, I	Inc		
\ <u></u>	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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 CO	
FROM: M	ichael R. Faulk Name	(Printed or typed)	
,			
	5201 Blue Lagoon Drive Suite 62	Address	···· · · · · · · · · · · · · · · · · ·
	Miami, FI 33126	Santa 9- 71:	
	City	, State & Zip	
	305-704-3550 ext 8010 Daytime 7	Telephone number	

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



RECEIVED

FLORIDA DEPARTMENT OF STATE OF STATE Division of Corporations

June 18, 2008

MICHAEL R. FAULK 5201 BLUE LAGOON DRIVE STE 620 MIAMI, FL 33126

SUBJECT: DO IT, INC.

Ref. Number: W08000029560

We have received your document for DO IT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 608A00037168

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:

Do IT Systems, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is:

5201 Blue Lagoon Drive Suite 620 Miami, FI 33126

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Professional Services

ARTICLE IV SHARES

The number of shares of stock is: 1000

INITIAL OFFICERS AND/OR DIRECTORS

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

<u>ARTICLE</u> VI REGISTERED AGENT

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

19940 N.W. 9th Drive Pembroke Pines, FI 33029

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Brett Beveridge 4775 Pine Drive Miami, Fl 33143

> 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

Signature/Registered Agent