

PO9000008165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

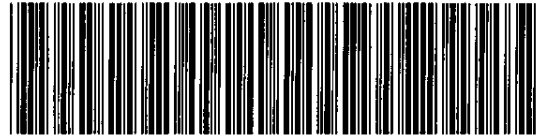
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
09 JAN 22 PM 4: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
SOM
1/27

4179-997

COVER LETTER

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

SUBJECT: DOD 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: DOD INC.

Name (Printed or typed)

4571 NW 16 TH AVE>

Address

Tamarac Fl. 33309

City, State & Zip

954-895-7369

Daytime Telephone number

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



RECEIVED
DEPARTMENT OF STATE

09 JAN 22 AM 10: 24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2009

DOD INC.
4571 NW 16TH AVE
TAMARAC, FL 33309

SUBJECT: DOD INC.
Ref. Number: W09000000997

We have received your document for DOD 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 309A00000765

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

~~DOB INC.~~ S G B INC.

ARTICLE II PRINCIPAL OFFICE

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

4571 NW 16 TH AVE TAMARAC FL. 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Sales

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):

Steven Bard 4571 NW 16 TH Ave TAMARAC, FL. 33309 PRES.

ARTICLE VI REGISTERED AGENT

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

Steven Bard 4571 NW 16 TH AVE. TAMARAC FL. 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVEN BARD 4571 NW 16TH AVE. TAMARAC FL.33309

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

Steven Bard
Signature/Registered Agent

12-29-08
Date

Steven Bard
Signature/Incorporator

12-29-08
Date