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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	DUFFIELD SALES AN	<u> </u>	· ·	
	(Proposed corpo	rate name - must include sui	ffix)	-
Today 1			00003192 -03/31/000 *****78.75	0606 1072015 *****78.75
Enclosed is an original	and one(1) copy of the article	s of incorporation and a c	check for :	-
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	·
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Richard A. Wollner, C Name (Pr	CPA, P.A. inted or typed)		
•	2917 West State Road	434, Suite 151		
_	A	ddress		
	Longwood, Florida 32	779		
-	City, S	State & Zip		
	(407) 869-6434			
	Daytime Te	lephone number		*

NOTE: Please provide the original and one copy of the articles. No copy



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DUFFIELD SALES AND SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8050 VIA HERMOSA. SANFORD, FLORIDA 32771

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida address of the initial registered agent are:

Richard A, Wollner, CPA 2917 West State Road 434, Suite 151 Longwood, Florida 32779

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Richard A, Wollner, CPA 2917 West State Road 434, Suite 151 Longwood, Florida 32779

Rill D wolen	3/24/00
Signature/Incorporator	Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Rell Dhelon	3/24/00	
Signature/Registered Agent	Date	