

P000000045803

CHARTERED LAW FIRM OF
AUBIN WADE ROBINSON
Attorneys at Law

11 March 2000

MAIL REPLY TO:

P. O. BOX 210425
ROYAL PALM BEACH, FL 33421

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

300003171689--8
-03/15/00--01105--011
*****87.50 *****87.50

Subject: DLT Corporation

Dear Clerk:

Enclosed please find an original and two (2) copy of the articles of incorporation and a check for **\$87.50**:

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
Two Certified Copies	\$ 17.50
TOTAL	\$ 87.50

TELEPHONE:

561.333.8755

FAX:

561.791.7950

EMAIL:

Aubin_Wade_Robinson@Juno.com

Please return all documents to:

Chartered Law Firm of AUBIN WADE ROBINSON
P. O. Box 210425
Royal Palm Beach, FL 33421

Tel: 561.333.8755

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY -4 PM 4:08

FILED

Office Locations:



PALM BEACH:

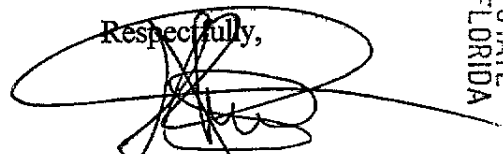
Royal Plaza, Esplanade
505 Royal Palm Beach Blvd.
Royal Palm Beach, Florida



BROWARD:

Envirwood Executive Plaza, Suite 205
5950 West Oakland Park Blvd.
Fort Lauderdale, Florida

Respectfully,


AUBIN WADE ROBINSON



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 22, 2000

AUBIN WADE ROBINSON
PO BOX 210425
ROYAL PALM BEACH, FL 33421

SUBJECT: DLT CORPORATION
Ref. Number: W00000007600

We have received your document for DLT CORPORATION 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 a voluntarily dissolved corporation or limited liability company. The name of a voluntarily dissolved Florida corporation or limited liability company is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the 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) 487-6928.

Tim Burch
Document Specialist

Letter Number: 400A00015779

ARTICLES OF INCORPORATION

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

ARTICLE I: NAME

The name of the corporation shall be: **DLT Central Florida Inc.**

ARTICLE II: PRINCIPAL OFFICE

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

Mail Address: P.O. Box 210425, Royal Palm Beach, Florida 33421

Principal Place of Business: **109 Monroe Avenue, Lake Placid, FL 33852**

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
300

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name of the initial registered agent is:

Aubin Wade Robinson, 505 Royal Palm Beach Blvd., Royal Palm Beach, FL 33411

ARTICLE V: INCORPORATORS

The name(s) and addresses of the incorporators to this Articles of Incorporation is (are):

Aubin Wade Robinson, 505 Royal Palm Beach Blvd., Royal Palm Beach, FL 33411

ARTICLE VI: NATURE OF BUSINESS

This corporation shall have all powers and rights to engage in any activities or business permitted under the laws of the United States and Florida.

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTE THESE ARTICLES OF INCORPORATION ON THIS 5 DAY OF MAY 2000.


AUBIN WADE ROBINSON

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.


Signature Registered Agent

AUBIN WADE ROBINSON


Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY -4 PM 4:08

FILED