Requester's Name  347 S. OrgNGT  Address  AVCADIA FI  City/State/Zip Phone #  ORPORATION NAME(S) & DOCT  (Corporation Name)	Office Use On UMBER(S); (a-known):
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
<b>D</b>	
Walk in Pick up time	
Mail out Will wait	Photocopy
NEW FILINGS  Profit  Not for Profit  Limited Liability  Domestication  Other	AMENDMENTS 40003322934—1 -07/14/0001025027 Amendment ****236.25 *****78.75 Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 

#### ARTICLES OF INCORPORATION

OF

DARLA'S ENTERPRISES, INC.			
ARTICLE 1	SECALLANA	7UL 00	
<u>NAME</u>	ASSEE, F	# ##	Carlo Sano
THE NAME OF THIS CORPORATION IS DARLA'S ENTERPRISE		= NGL	4
219 MACON ROAD, ARCADIA, FLORIDA 34266	Em.		

### ARTICLE II

#### DURATION

THIS CORPORATION SHALL EXIST PERPETULLY, AND THE DATE OF COMMENCEMENT
OF CORPORATE EXISTENCE SHALL BE THE DATE ON WHICH THESE ARTICLES ARE
FILED WITH THE SECRETARY OF STATE IN THE STATE OF FLORIDA.

#### ARTICLE III

### **PURPOSE**

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN FOR PROFIT ANY BUSINESS ACTIVITIES NOT PROHIBITED TO CORPORATION FOR PROFIT UNDER THE LAWS IN THE STATE OF FLORIDA OR ANY OTHER LOCATION.

### ARTICLE IV

### CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE SEVENTY-FIVE HUNDRED ( 7,500 ) SHARES OF COMMON STOCK WITH A PAR VALUE OF \$ 1.00 PER SHARE.

#### ARTICLE V

# INCORPORATOR (S)

THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING ACORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, DO HEREBY ADOPT (S) THE FOLLOWING ARTICLES OF INCORPORATION. THE PERSON (S) WHO HAVE SIGNED AND DELIVERED OR REQUEST TO BE DELIVERED THESE ARTICLES OF INCORPORATION TO THE DEPARTMENT OF STATE, DIVISION OF CORPORATION IS THE INCORPORATOR (S) OF THIS CORPORATION, WHOES NAME(S) AND ADDRESS(ES) IS/ARE.

INCORPORATOR	ADDRESS	ARCADIA, FLORIDA CITY AND STATE
ROOSEVELT S. ISAAC SR.	347 S. ORANGE AVE	arcadia, florida
INCORPORATOR	ADDRESS	CITY AND STATE

#### REGISTERED AGENT

THE	ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION WITHIN
THE	STATE OF FLORIDA IS 219 MACON ROAD, ARCADIA, FLORIDA 34266
THE	NAME OF THE INITIAL REGISTERED AGENT AT THE ABOVE ADDRESS IS:
<del></del>	DARLA J. BOONE

# CERTIFICATE OF DESIGNATION

# REGISTERED AGENT/REGISTERED OFFICE

PURSUAN	T TO THE	PROVISIONS	OF SECTION	vs 607.0501	OR 617.0	501, FL	ORIDA
STATUTE	S, THE U	NDERSIGNED	CORPORATION	N, ORGANIZE	ED UNDER T	HE LAW	OF THE
STATE C	F FLORIDA	A, SUBMITS	THE FOLLOW	ING STATEMI	ENT IN DES	IGNATIN	G THE
REGIST	ERED OFFI	CE/REGISTER	RED OFFICE	IN THE STA	TE OF FLOR	PIDA.	
1.THE	NAME OF T	HE CORPORAT	TION IS: D	ARLA ENTER	PRISES, IN	iC.,	·
219	MACON RO	DAD , ARCAD	IA, FLORIDA	34266			
2.THE	NAME AND	ADDRESS OF	THE REGIST	ERED AGENT	AND REGIS	TERED, C	Ö
	DARLA BOO	ONE					
NAME						<i>5</i> ,≥	- 6
	219 MACO	N ROAD				<u> </u>	- B
ADDR	ESS						
	ARCADIA		FLORIDA		34:		ယ
CITY	1		STATE		ZI		

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 STATUTE RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILAR WITH AND ACCEPT THE OBLIGATION OF THIS POSITION AS REGISTERED AGENT.

SIGNATU	RE Dul	Moore
DATE	7-12-00	U