Division of Corporations



Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4001

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> Account Name : BARBARA E. PUSCH Account Number : 119990000248 Phone : (850)243-1025 Fax Number : (850)664-5728

FLORIDA PROFIT CORPORATION OR P.A.

Dolanland, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	0:1
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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.

The name of the corporation shall be Dolanland, Inc.

Article II.

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

236 Miracle Strip Parkway No. B-1 Fort Walton Beach, FL 32548

Article III.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100,000 (one hundred thousand) at par value of \$00.01 (one cent) per share of common stock.

Article IV.

The purpose of the corporation is building construction and home improvements.

Article V.

The names and addresses of the initial directors are:

Frank J. Dolan. Sr. 236 Miracle Strip Parkway No. B-1 Fort Walton Beach, FL 32548

Article VI.

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

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9/15/2000

Frank J. Dolan, Sr. 236 Miracle Strip Parkway Fort Walton Beach, FL 32548

Article VII.

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

Frank J. Dolan, Sr. 236 Miracle Strip Parkway No. B-1 Forty Walton Beach, FL 32548

Frank J/Dolan, Sr./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.

Signature/Registered Agent

Date

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