

TRANSMITTAL LETTER

**P01000035964**

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

SUBJECT: DCL Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003893029--4  
-03/22/01--01076--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is 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: Duane C Levandowski  
Name (Printed or typed)

4015 SW 15<sup>th</sup> St. D-101  
Address

Pompano Beach FL 33069  
City, State & Zip

(954) 743-4482 / (954) 971-6337  
Daytime Telephone number

01 APR 10 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

✓ T. Burch APR 10 2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 27, 2001

DUANE C. LEVANDOWSKI  
4015 SW 15TH ST D-101  
POMPANO BEACH, FL 33069

SUBJECT: DCL CORP.  
Ref. Number: W01000006775

We have received your document for DCL CORP. 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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  
New Filing Section

Letter Number: 001A00018182

# 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:

DCL corp.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5776 Lake side Dr. 810  
margate, FL, ~~33063~~ 33063

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Personel Trainer (Independent) Soon to open Buisness  
under that name. I want one corp. for all Buisnesses I  
own or will own.

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Duane C. Levandowski

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Duane C. Levandowski

4015 SW 15th St. D-101  
pompano Beach FL 33069

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Duane C. Levandowski

4015 SW 15th St. D-101  
pompano Beach FL 33069

\*\*\*\*\*

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

01 APR 10 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA