POJOCOSS435 TRANSMITTAL LETTER S435

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 500006892865—-9 -08/05/02--01037--024 *****78.75 *****78.75

SUBJECT:	PROJECT D.A.I.S.E., CO.	
•	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)	

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

□ \$78.75

Status

☑\$78.75 Filing Fee

\$87.50

Filing Fee & Certificate of

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: TOSEPH NOCFO
Name (Printed or typed)

3 116 PACM CT.
Address

City, State & Zip

Daytime Telephone number

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

g/8/1

ARTICLES OF INCORPORATION

The incorporator(s), for the 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:

PROJECT D.A.I.S.E., CO.

02 AUG -5 PM 12: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

3116 Palm Ct. Dunedin, Florida 34698

ARTICLE III SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph Nolfo 3116 Palm Ct. Dunedin, Florida 34698

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Joseph Nolfo 3116 Palm Ct. Dunedin, Florida 34698

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2nd day of August, 2002.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the c	orporation is:		
	PROJECT D.A.I.S.E., CO.	SEC	02 AUG
2. The name and add	ress of the registered agent and office is:	ASSE ASSE	유 트
	Joseph Nolfo	<u> </u>	
	(Name)	OF STATE EE, FLORIDA	E D PH 12: 47
	3116 Palm Ct		<u>_</u>
	(P.O. Box NOT acceptable)		
	Dunedin, Florida 34698		
	(City, State, Zip)		

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)

(Date)