

P02000107127
TRANSMITTAL LETTER

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

400008127314--2
-10/01/02--01043--007
*****87.50 *****87.50

SUBJECT: D-S Vac Service, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Grant L. Denny
Name (Printed or typed)
13389 Tropic Egret Drive
Address
Jacksonville, FL. 32224
City, State & Zip
(904) 223-5045
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT - 1 AM 11:17

FILED

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

VF
10/4

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

02 OCT -1 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

D-S Vac Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13389 Tropic Egret Drive
Jacksonville, FL. 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all business allowed by law

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Grant L. Denny (President)
13389 Tropic Egret Drive
Jacksonville, FL. 32224

ARTICLE VI REGISTERED AGENT

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

Grant L. Denny
13389 Tropic Egret Drive
Jacksonville, FL.

ARTICLE VII INCORPORATOR

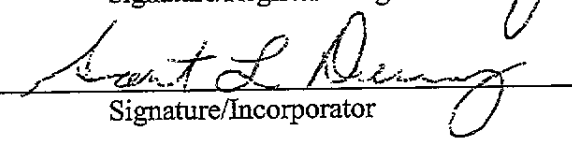
The name and address of the Incorporator is:

Grant L. Denny
13389 Tropic Egret Drive
Jacksonville, FL. 32224

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