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TRANSMITTAL LETTER

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

SUBJECT: DE	ZOR WAY INC	TO NIA ME MILET INC.	TINE CITETION
	(PROPOSED CORPORAT	E NAME – <u>MOSI INCL</u>	ude suffix)
Enclosed are an orig	rinal and one (1) copy of the artic	les of incorporation and	d a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	JAMES VAN DEZOR		
	Name (Printed or typed)	
PO BOX 110222			
	A	ddress	
	NAPLES, FL 34108		
•	City, S	State & Zip	
	(239)253-2414		
-	Daytime Te	lephone number	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: **DEZOR WAY INC** ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2175 Malibu Lake Circle, Naples, FL 34119 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ONE HUNDRED ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): JAMES VAN DEZOR, PO BOX 110222 NAPLES, FL 34108 KATERINA VAN DEZOR PO BOX 110222 NAPLES, FL 34108 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: JAMES VAN DEZOR 2175 MALIBU LAKE CIRCLE NAPLES, FL 34119 ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: JAMES VAN DEZOR 2175 MALIBU LAKES CIRCLE NAPLES, FL 34119 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 Date

Date

Signature/Incorporator