

P03000013598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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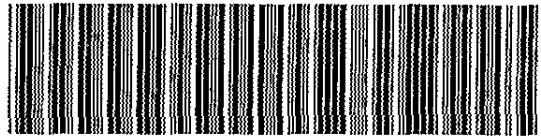
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: DARK D FLORIDA, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: James Sammataro
Name (Printed or typed)

799 Crandon Blvd., # 1207
Address

Key Biscayne, FL 33149
City, State & Zip

(305) 720-0733
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
FOR
DARK D FLORIDA, INC.**

Article I Name

The name of the Corporation shall be: DARK D FLORIDA, INC.

Article II Principal Office

The principal place of business of the business and the mailing address is:
799 Crandon Blvd., #1207
Key Biscayne, FL 33149

Article III Purpose

The purpose for which this corporation is organized is to conduct any legitimate business.


Article IV Shares

The number of shares of stock is: 100

Article V Registered Agent / Sole Incorporator

The name and street address of the registered agent and sole incorporator is:
James Sammataro
799 Crandon Blvd., #1207
Key Biscayne, FL 33149

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.


James Sammataro
Registered Agent/Sole Incorporator

January 27, 2003

03 JAN 29 AM 10:40

FILED
IN THE
CLERK'S OFFICE
OF THE
STATE OF FLORIDA
DIVISION OF CORPORATIONS