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TRANSMITTAL LETTER

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

SUBJECT: DR	M Control, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00	2 \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Curtis Stodghill			
	Name (Printed or typed)			
	PO Box 2431			
•	Address			
	Greenville, SC 29602			
	City	State & Zip		
	864-271-0966			
•	Daytime Telephone 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 NAME

The name of the corporation shall be:

DRM Control, inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

4309 Pablo Oaks Court, Suite 5 Jacksonville, FL 32224

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is:

Engage in activities for profit as permitted under Florida law.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Henderson Keasler Law Firm, PA 4309 Pablo Oaks Court, Suite 5 Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Curtis Stodghill 4309 Pablo Oaks Court, Suite 5 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