

PD3000103709

(Requestor's Name)

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PICK-UP

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WAIT

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MAIL

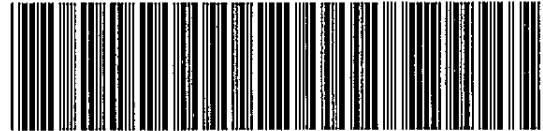
(Business Entity Name)

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RECEIVED
03 SEP -8 AM 11:45
DIVISION OF CORPORATION

03 SEP 22 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DL Enterprises Inc.

Signature _____

Requested by: *WL* *9/8* *11:00*

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☒ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 15, 2003

CAPITAL CONNECTION, INC.

SUBJECT: DL ENTERPRISES OF CENTRAL FLORIDA INC.
Ref. Number: W03000025550

We have received your document for DL ENTERPRISES OF CENTRAL FLORIDA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 703A00049857

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03 SEP 22 AM 11:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
DEBLUK ENTERPRISE INC.**

THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I - CORPORATE NAME

THE NAME OF THE CORPORATE IS:

DEBLUK ENTERPRISE INC.

ARTICLE II - DURATION

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED
ACCORDING TO FLORIDA LAW.**

ARTICLE III - PURPOSE

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES
OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF
FLORIDA.**

ARTICLE IV - CAPITAL STOCK

**THE CORPORATION IS AUTHORIZED TO ISSUE (five hundred) SHARES (500) OF
(one) DOLLAR (s) (\$ 1.00) PAR VALUE COMMON STOCK, WHICH SHALL BE
DESIGNATED "COMMON STOCK".**

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

NAME: LUKE L. BRADBURY

PRINCIPLE AND MAILING

ADDRESS: 5505 E. GRANGER STREET

CITY:

INVERNESS,

FLORIDA

ZIP

34452

ARTICLE VI- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE TWO (2) DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(S) OF THE CORPORATION ARE AS FOLLOWS:

NAME: LUKE L. BRADBURY SR.

PRINCIPLE AND MAILING ADDRESS: 5505 E. GRANGER STREET

CITY: INVERNESS, FLORIDA ZIP 34452

NAME: DEBORAH L. BRADBURY

PRINCIPLE AND MAILING ADDRESS: 5505 E. GRANGER STREET

CITY: INVERNESS, FLORIDA ZIP 34452

ARTICLE VII - INCORPORATORS

THE NAME AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF INCORPORATION ARE AS FOLLOWS:

NAME: LUKE L. BRADBURY SR.

PRINCIPLE AND MAILING ADDRESS: 5505 E. GRANGER STREET

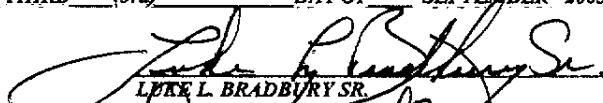
CITY: INVERNESS, FLORIDA ZIP 34452

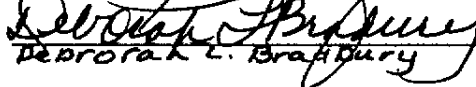
NAME: DEBORAH L. BRADBURY

PRINCIPLE AND MAILING ADDRESS: 5505 E. GRANGER STREET

CITY: INVERNESS, FLORIDA ZIP 34452

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (S) HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS THIRD (3rd) DAY OF SEPTEMBER 2003


LUKE L. BRADBURY SR. (SEAL)


DEBORAH L. BRADBURY (SEAL)

(SEAL)

STATE OF FLORIDA)

SS

COUNTY OF CITRUS

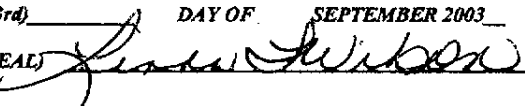
BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

LUKE L. BRADBURY SR. _____

KNOWN TO ME AND KNOWN TO BE THE PERSON (S) WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT (HE) LUKE L. BRADBURY SR. EXECUTED THESE ARTICLES OF INCORPORATION

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE STATE AND COUNTY AFORESAID THIS, THIRD (3rd) DAY OF SEPTEMBER 2003

(NOTARY SEAL)


(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

LINDA L. WILSON

MY COMMISSION # CC987703

MY COMMISSION EXPIRES: DECEMBER 17, 2004



Linda L. Wilson
MY COMMISSION # CC987703 EXPIRES
December 17, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

DEBLUK ENTERPRISE INC.

(name of corporation)

PURSUANT TO FLORIDA STATUE SECTIONS 48.091 AND 607.304, THE FOLLOWING SUBMITTED:

THE ABOVE CORPORTATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION

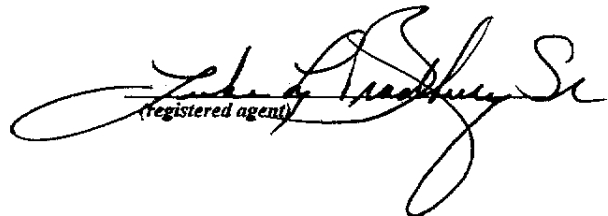
**AT : 5505 E.GRANGER STREET
INVERNESS, FL 34452
PRINCIPLE AND MAILING ADDRESS**

HAS NAMED : LUKE L. BRADBURY SR.

LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE. I HEREBYAM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT.


(registered agent)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 SEP 22 PM 1:09

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