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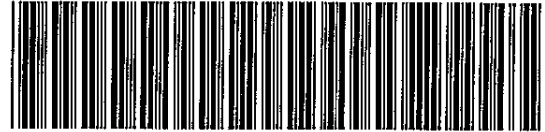
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## TRANSMITTAL LETTER

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

SUBJECT: DAVID MARGUIS 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: DAVID MARGUIS  
Name (Printed or typed)

616 ALDAMA CT.  
Address

OCFEE FL 34761  
City, State & Zip

321-229-3257  
Daytime Telephone number

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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: *DAVID MARQUIS INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *616 ALDAMA CT.  
OCOE FL. 34761*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Hardy person*

**ARTICLE IV SHARES**

The number of shares of stock is: *~~100~~ 100 DM*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): *DAVID MARQUIS  
616 ALDAMA CT.  
OCOE FL. 34761*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: *DAVID MARQUIS  
616 ALDAMA CT.  
OCOE FL. 34761*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: *DAVID MARQUIS  
616 ALDAMA CT.  
OCOE FL. 34761*

\*\*\*\*\*

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

*David C. Marquis*  
\_\_\_\_\_  
Signature/Registered Agent

*11-6-03*  
\_\_\_\_\_  
Date

*David C. Marquis*  
\_\_\_\_\_  
Signature/Incorporator

*11-6-03*  
\_\_\_\_\_  
Date

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