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	(Requestor's Name)			
	(Address)			
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	(City/State/Zip/Phone #)			
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☐ PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of	Status		
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SECRETARY OF STATE
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TRANSMITTAL LETTER

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

SUBJECT:		HANTS, I	NC.
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	<u>ude suffix)</u>
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	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 PY REQUIRED
FROM:	Robert C	onnota Printed or typed)	
	950 Tamio	mi Trail	S, Ste 100
	Sarasata City,	Fronda 3	54236
	(941) Daytime To	957-08	<u> 33</u>

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)

The name of the corporation shall be:

DaDar Consultants Inc.

PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 32024

Sarasota, Florida 34239

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is: Business Consulting

ARTICLE IV

The number of shares of stock is:

100,000.00

ARTICLE V

<u>INITIAL OFFICERS AND/OR DIRECTORS</u>

List name(s), address(es) and specific title(s):

Tina L Lewis President P.O. Box 32024

Sarasota, Florida 34239

REGISTERED AGENT

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

Tina L.Lewis

2300 Datura Street

Sarasota, FL 34239

ARTICLE VII

INCORPORATOR

The name and address of the Incorporator is:

Tina L Lewis P.O. Box 32024

Sarasota, FL 34239

Effective Date:

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 of Incorporator

3/19/04 Date 3/19/04