

P04000142789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

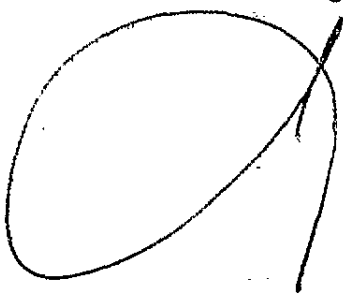
(Business Entity Name)

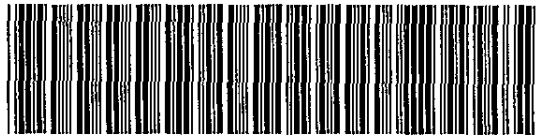
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

~~Shrs~~
W04-37103

TRANSMITTAL LETTER

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

SUBJECT: DV Store, 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: Wilfred L. Lee Jr.

Name (Printed or typed)

221 N. Hogan St. PMB# 347

Address

Jacksonville, FL 32202

City, State & Zip

904-534-4268

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 7, 2004

WILFRED L. LEE, JR.
221 N. HOGAN ST.
PMB 347
JACKSONVILLE, FL 32202

SUBJECT: DV STORE, INC.
Ref. Number: W04000037103

We have received your document for DV STORE, INC.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 904A00058299

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:

DV Store, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

221 N. Hogan Street PMB# 347 Jacksonville, Florida 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Digital Video Film Training and Sales

ARTICLE IV SHARES

The number of shares of stock is:

One Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Wilfred L. Lee Jr. Chief Executive Officer 221 North Hogan Street PMB# 347 Jacksonville, Florida 32202

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Shirley Lee 1267 South McDuff Ave. Suite 1 Jacksonville, Florida 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wilfred L. Lee Jr. 221 North Hogan Street PMB# 347 Jacksonville, Florida 32202

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10/06/2004

Date



Signature/Incorporator

10/06/2004

Date