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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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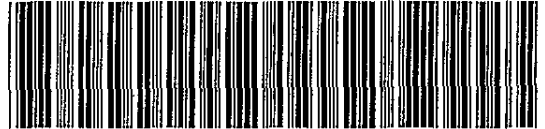
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 11/10

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

SUBJECT: Dakob Enterprises 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: Melissa K. Kane
Name (Printed or typed)

4065 Everett Avenue
Address

Spring Hill, FL 34609
City, State & Zip

(352) 688-0707
Daytime Telephone number

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

ARTICLE I NAME

The name of the corporation shall be:

Dakob Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

business address:

5020 Mission Square Cir #9
Zephyrhills, FL 33542

mailling address:

4065 Everett Ave.
Spring Hill, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to operate a hair salon

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Melissa K. Kane, 4065 Everett Ave. Spring Hill, FL 34609 president
Melissa K. Kane, 4065 Everett Ave. Spring Hill, FL 34609, vice president
Melissa K. Kane, 4065 Everett Ave. Spring Hill, FL 34609, treasurer
Melissa K. Kane, 4065 Everett Ave. Spring Hill, FL 34609, secretary

ARTICLE VI REGISTERED AGENT

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

Melissa K. Kane
4065 Everett Ave.
Spring Hill, FL 34609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Melissa K. Kane
4065 Everett Ave.
Spring Hill, FL 34609

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

Melissa K. Kane
Signature/Registered Agent

11/3/04
Date

Melissa K. Kane
Signature/Incorporator

11/3/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA