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DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA

05 FEB - 1 PM 12:05 FEB - 1 PM 12:34

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2/1/05  
Sof

## TRANSMITTAL LETTER

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

SUBJECT: Laff Group 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: De'leam Judd-Johnson  
Name (Printed or typed)

PO Box 16492  
Address

Tallahassee, FL 32317  
City, State & Zip

(850) 894-1997  
Daytime Telephone number

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: *DAFF Group Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *PO Box 16492  
Tallahassee, FL 32317*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Any and all lawful business*

## ARTICLE IV SHARES

The number of shares of stock is: *15*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): *Director - De'Lern Judd-Johnson  
PO Box 16492  
Tallahassee, FL 32317*

## ARTICLE VI REGISTERED AGENT

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

*De'Lern Judd-Johnson  
3704 Lifford Circle  
Tallahassee, FL 32309*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*De'Lern Judd-Johnson  
3704 Lifford Circle  
Tallahassee, FL 32309*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*01 February 2005*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*01 February 2005*  
\_\_\_\_\_  
Date

**FILED**  
05 FEB - 1 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA