P050000090079

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700055799937

06/06/05--01024--005 **78.75

2005 JUN 23 AM 7: 49
SECRETARY OF STATE

1115-2889-14

T. Hampton JUN 24 2005

TRANSMITTAL LETTER

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

SUBJECT: DON C	ybercorp, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	ude suffix)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00	\$78.75	☑ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 mmg 1 00	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status DPY REQUIRED
			<u></u>
FROM: Stu	uart W. George, DVM		
1 KOWI	Nam	e (Printed or typed)	
	•		
	665 Howard St		
		Address	<u> </u>
	Fort Pierce, Florida 34982		
	City	, State & Zip	
	772-467-2535		
'	Daytime	Telephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 7, 2005

STUART W GEORGE, DVM 665 HOWARD ST FORT PIERCE, FL 34982

SUBJECT: DON CYBERCORP Ref. Number: W05000028094

We have received your document for DON CYBERCORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please list the street address of each officer/director.

You must list at least one incorporator with a complete business street address.

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) 245-6879.

Ruby Dunlap Regulatory Specialist New Filings Section

Letter Number: 705A00039922

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE	I.	NAME

The name of the corporation shall be:

DON Cybercorp Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 665 Howard St. Ft. Pierce, FI 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate a service call center.

ARTICLE IV SHARES

The number of shares of stock is: one hundred shares

INITIAL OFFICERS AND/OR DIRECTORS

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

Sturt George 665 Howard ST FT Pierce, 12/34982

ARTICLE VI REGISTERED AGENT

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

Stuart W. George, DVM 665 Howard St Ft. Pierce, FL 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stuart w. George, Wm 665 Howard ST 17. Pierce, F1 34982

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