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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

7-20

TRANSMITTAL LETTER

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

SUBJECT: Data Limited 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: Rise Schneider

Name (Printed or typed)

111 Porto Vecchio Way

Address

Palm Beach Gardens, Florida 33418

City, State & Zip

cell 917-863-9555

home 561 630 8583

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:

Data Limited Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

111 Porto Vecchio Way
Palm Beach Gardens, Florida 33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consultant

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rise Schneider, 111 Porto Vecchio Way, Palm Beach Gardens, Florida 33418 Sole Director, President, Secretary, Treasurer

ARTICLE VI REGISTERED AGENT

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


Rise Schneider, 111 Porto Vecchio Way, Palm Beach Gardens, Florida 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rise Schneider 111 Porto Vecchio Way, Palm Beach Gardens, Florida 33418

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

RISE SCHNEIDER



Signature/Incorporator

Rise SCHNEIDER


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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Date



Date