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SECRETARY OF STATION

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TRANSMITTAL LETTER

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

IZ INC				
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
KIMBERLY MARIE DUPAUZ Name (Printed or typed)				
2528 ASTER COVE LN Address				
City, State & Zip				
407-433-1607 Daytime T	elephone number			
	inal and one (1) copy of the arti \$78.75 Filing Fee & Certificate of Status KIMBERLY MARIE DUPAUZ Name (F 2528 ASTER COVE LN KISSIMMEE FL 34758 City,	(PROPOSED CORPORATE NAME - MUST INC inal and one (1) copy of the articles of incorporation an \$78.75 Filling Fee & Certificate of Status KIMBERLY MARIE DUPAUZ Name (Printed or typed) 2528 ASTER COVE LN Address KISSIMMEE FL 34758 City, State & Zip		

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

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DUPAUZ INC 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:

2005 SEP 28 PM 2: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DUPAUZ INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2528 ASTER COVE LN
KISSIMMEE FL 34758
ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INCORPORATE FOR TIMESHARE REFERAL SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KIMBERLY MARIE DUPAUZ, PRESIDENT 2528 ASTER COVE LN KISSIMMEE FL 34758

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: KIMBERLY MARIE DUPAUZ 2528 ASTER COVE LN KISSIMMEE FL 34758

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:
KIMBERLY MARIE DUPAUZ
2528 ASTER COVE LN
KISSIMMEE FL 34758

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

gnature/Registered Agent

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ignature/Incorporator

Date

Date