

P05000153806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

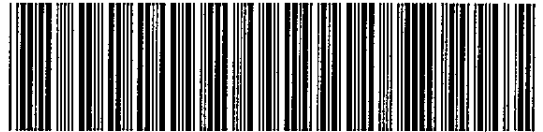
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/10/05--01020--003 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 NOV 21 AM 11:27

105-50663

MRS  
11/21

**COVER LETTER**

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

SUBJECT:     -- DILLON, 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:     JAMES DILLON      
Name (Printed or typed)

    899 MARINA DEL RAY LANE #3      
Address

    WEST PALM BEACH, FL 33401      
City, State & Zip

    (561) 596-1764      
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 10, 2005

JAMES DILLON  
899 MARINA DEL RAY LANE  
#3  
WEST PALM BEACH, FL 33401

SUBJECT: DILLON, INC.  
Ref. Number: W05000050663

We have received your document for DILLON, INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must state the number of shares of authorized stock.

An effective date **may** be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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

Letter Number: 305A00067187

RECEIVED  
05 NOV 21 AM 11:01  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

~~CORPORATION~~ JAMES DILLON, INC.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

899 MARINA DEL RAY LANE #3, WEST PALM BEACH, FL 33401

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SUBCONTRACTING WORK

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

DIRECTOR:  
JAMES DILLON  
899 MARINA DEL RAY LANE #3  
WEST PALM BEACH, FL 33401

**ARTICLE VI REGISTERED AGENT**

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

JAMES DILLON  
899 MARINA DEL RAY LANE #3  
WEST PALM BEACH, FL 33401

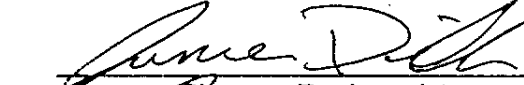
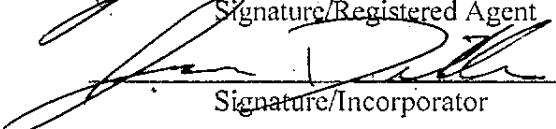
**ARTICLE VII INCORPORATOR**

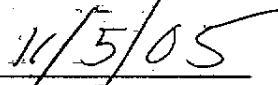
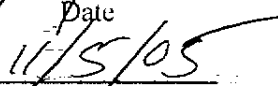
The name and address of the Incorporator is:

JAMES DILLON  
899 MARINA DEL RAY LANE #3  
WEST PALM BEACH, FL 33401

\*\*\*\*\*

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  
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date