

P06000041765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-22-06
2006

COVER LETTER

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

SUBJECT: DeannaLyn, 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: Beryl N. Stokes, III

Name (Printed or typed)

1318 Bowman St.

Address

Clermont, FL 34711

City, State & Zip

(352)243-5700

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:

DeannaLyn, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

192 Nautical Mile Dr.
Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business specifically medical product sales

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):

Deanna Myers, President
192 Nautical Mile Dr.
Clermont, FL 34711

ARTICLE VI REGISTERED AGENT

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


Beryl N. Stokes, III
1318 Bowman St.
Clermont, FL 34711

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Beryl N. Stokes, III
1318 Bowman St.
Clermont, FL 34711

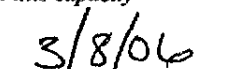
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



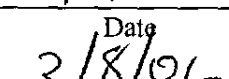
Signature/Registered Agent



Signature/Incorporator



Date



Date

2006 MAR 20 P 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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