

PO6000049563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

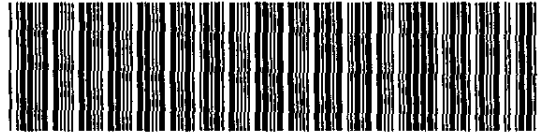
(Business Entity Name)

(Document Number)

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

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03/24/06--01027--016 \*\*78.75

SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

2006 APR -6 PM 1:58

FILED

W06-14362

T. Hampton APR 06 2006

## COVER LETTER

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

SUBJECT: DVW 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: DAVE D SMITH  
Name (Printed or typed)

5880 NW CANADA STREET  
Address

PORT ST. LUCIE FL 34986  
City, State & Zip

561-262-8190  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2006

DAVE D SMITH  
5880 NW CANADA ST  
PORT ST LUCIE, FL 34986

SUBJECT: DVW INC.  
Ref. Number: W06000014362

RECEIVED  
06 APR -6 PM 1:44

We have received your document for DVW 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 document must state the number of shares of authorized stock. ✓

Please list only 1 person as your registered agent. That person must be the only signature on the registered agent signature line.

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 406A00020302

# 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:

DVW Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5880 NW Canada St  
PSL, FL 34986 Port St Lucie, FL 34986

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CARPENTRY BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVE + VANESSA SMITH OWNERS  
5880 NW Canada St  
Port St Lucie PSL, FL 34986

## ARTICLE VI REGISTERED AGENT

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

DAVE SMITH  
5880 NW Canada St PSL, FL 34986  
Port St Lucie

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVE SMITH  
5880 NW Canada St PSL, FL 34986  
Port St Lucie

\*\*\*\*\*  
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

4/3/06

Date

4/3/06

Date