

PO6000095731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

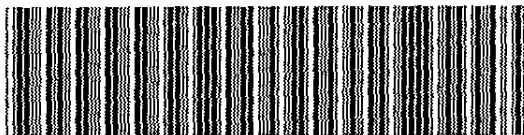
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/20/06--01023--003 **78.75

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06 JUL 20 AM 10:29

2006 JUL 20 10:29 AM
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COVER LETTER

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

SUBJECT: DOT GAIN, 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: LOUIS W. AYOUN
Name (Printed or typed)

3307 SANTIAGO ST
Address

TAMPA, FL 33629
City, State & Zip

813-774-8488
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:

DOTGAIN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3307 SANTIAGO ST.
TAMPA, FL 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRE PRESS AND PRINT CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LOUIS W. AYOUB - PRESIDENT
3307 SANTIAGO ST.
TAMPA, FL 33629

ARTICLE VI REGISTERED AGENT

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

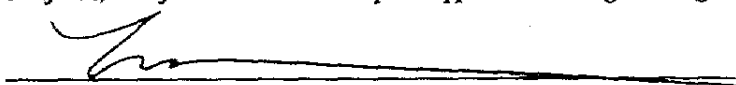
LOUIS W. AYOUB
3307 SANTIAGO ST.
TAMPA, FL 33629

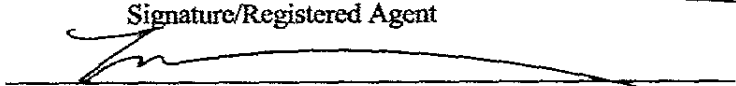
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LOUIS W. AYOUB
3307 SANTIAGO ST
TAMPA, FL 33629

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

7/17/06
Date

7/17/06
Date

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SECRET
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA