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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)			
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## COVER LETTER

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

SUBJECT:	De Marco's tow	er Health	Inc.	
SUBJECT: De Marco's tower Health Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)				
Enclosed are an ori	ginal and one (1) copy of the arti-	cles of incorporation and	d a check for:	
\$70.00	\$78.75	☐ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		ADDITIONAL CO	Status OPV REQUIRED	
		ADDITIONAL CO	JI I REQUIRED	
FROM:	Ted DeMa	rco		
Name (Printed or typed)				
	4258 Appleton	terrace		
		rudiess		
North Port FL 34286				
	Cny,	State & Zip		
(941) 456-5906 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)	2007 F SECF TALL!
ARTICLE I NAME The name of the corporation shall be: DPH Inc.	Z007FEB-8 PM 3 SECRETARY OF ST TALLAHASSEE, FLO
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4258 Appl North Port	eton Terrace, FL 34286
ARTICLE III PURPOSE	RITION BAR
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
Theodore Joseph DeMARCO (President) 4258 Appleton Terroce, North Port, FL 342	₹ (
John DeMarco (Vice President) 421 Kirk Rd, Palm Springs, FL ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the	
Theodore J. DeMARCO	Tagistaraa ugani ibi
4258 APPIETON TERRACE North Port	FL 34286
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	• • •
Theodore J DeMarco	
4258 Appleton TERRACE	
North Port, FL 34286	*********
Having been named as registered agent to accept service of process for the above stacertificate, I am familiar with and accept the appointment as registered agent and agree	ted corporation at the place designated in this
2:0h	01-16-07
Signature/Registered Agent	Date

Signature/Incorporator

01-16-07

Date