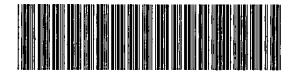
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| (Requestor's Name)                      |                    |                 |  |
|---|--------------------|-----------------|--|
|   |                    |                 |  |
| (Address)                               |                    |                 |  |
|   |                    |                 |  |
| (Address)                               |                    |                 |  |
| (Audiess)                               |                    |                 |  |
|   |                    |                 |  |
| (Cit                                    | ty/State/Zip/Phone | e #)            |  |
|   |                    |                 |  |
| ☐ PICK-UP                               | ☐ WAIT             | MAIL            |  |
|   |                    |                 |  |
| (Business Entity Name)                  |                    |                 |  |
| ·                                       | •                  | •               |  |
|   |                    |                 |  |
| (LC                                     | cument Number)     |                 |  |
|   |                    |                 |  |
| Certified Copies                        | _ Certificates     | s of Status     |  |
|   |                    |                 |  |
| Special Instructions to                 | Cilina Officer     |                 |  |
| Special Instructions to Filing Officer: |                    |                 |  |
|   |                    |                 |  |
|   | RECEIV             | ED JUN 2 6 2007 |  |
|   |                    | ·               |  |
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Office Use Only



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) / JUN 2 / AM 9: 42 SECRETARY OF STATE ALLAHASSEE, FLORID!

ZX

# **COVER LETTER**

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

| SUBJECT:            | DUB Corp                                    |  |   |
|---------------------|---|--|---|
|                     | (PROPOSED CORPORAT                          | TE NAME – <u>MUST INCL</u>                         | UDE SUFFIX)   |
| Enclosed are an ori | ginal and one (1) copy of the artic         | cles of incorporation and                          | l a check for:  |
| \$70.00 Filing Fee  | ▼\$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED |
| FROM:               | Darlene Mare                                | (Printed or typed)                                 |   |
|                     | 258 NE 41st Street                          | Address  |   |
|                     | Oakland Park, Florida 3333<br>City,         | State & Zip  |   |
|                     | 954 537 5267                                |  |   |
|                     | Daytime T                                   | elephone number                                    |   |

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

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

**DUB Corp** 

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

258 NE 41st Street Oakland Park, Florida 33334

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Broker for the MFG of CD's

### 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):

Darlene Mare 258 NE 41st Street Oakland Park, Florida 33334

### ARTICLE VI REGISTERED AGENT

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

Darlene Mare 258 NE 41st Street Oakland Park, Florida 33334

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Darlene Mare 258 NE 41st Street Oakland Park, Florida 33334

| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                          | *****************   |
|---|---|
| Having been named as registered agent to accept service of pr   | ocess for the above stated corporation at the place designated in thi   |
| certificate, am familiar with and accept the appointment as rej | ocess for the above stated corporation at the place designated in thi<br>gistered agent and agree to act in this capacity |
|   |   |
| Deloxe Where  | 6/20/07   |

Signature/Registered Agent Date

| Color | Col

7 JUN 27 AM 9: ECRETARY OF STA