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SECRETARY OF STATE
FALLAHASSEE, FIORES

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COVER LETTER

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

SUBJECT: D Consulting, Inc. (PROPOSED CORPORAT	F NAME – MUST INCLI	IDE SUFFIX)	
(FROTOSED CORFORAT	E NAME - <u>MEST INCL</u>	SDL SUFFIX)	
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	▼ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Deborah Scalone			•
Name (Printed or typed)			A.
27644 Pleasure Ride Loop			2007 J SECRE
	ddress		JUL -2 AH RETARY OF ST WHASSEE, FLC
Wesley Chapel, FL 33544 City, S	FES PE		
	- · · · · · · · · · · · · · · · · · · ·		
941-773-9351			53 DA
Daytime Te	lephone number		

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 607, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be D Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

D Consulting, Inc. 27644 Pleasure Ride Loop Wesley Chapel, FL 33544

ARTICLE III PURPOSE

The purpose of D Consulting, Inc. shall be to engage in any lawful purpose or purposes, including but not limited to consulting services.

ARTICLE IV SHARES

The number of shares D Consulting, Inc. is authorized to issue shall be 100.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The street address of the corporation's initial registered office and the name of its initial registered agent at that address is:

Deborah Scalone 27644 Pleasure Ride Loop Wesley Chapel, FL 33544

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael R. Esposito 25210 Lexington Oaks Blvd. Wesley Chapel, FL 33544



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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALL AHARY