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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 _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: DARWIN INNOVATIONS CORPORATION
(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: MONICA L. WORKENS
Name (Printed or typed)

1628 S.E. SHELBURNIE WAY
Address

PT. ST. LUCIE, FL 34952
City, State & Zip

619-997-7409
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:

Darwin Innovations Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1628 S.E. Shelburnie Way, Pt. St. Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Monica L. Workens
1628 S.E. Shelburnie Way
Pt. St. Lucie, FL 34952

ARTICLE VI REGISTERED AGENT

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

Monica L. Workens
1628 S.E. Shelburnie Way
Pt St. Lucie, FL 34952

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Monica L. Workens
1628 S.E. Shelburnie Way
Pt. St. Lucie, FL 34952

****

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 Monica L. Workens — Date 9/26/2007

Signature Incorporator Monica L. Workens — Date 9/26/2007