

PO7003108116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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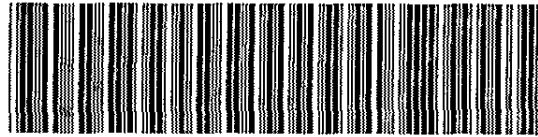
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

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/mailling 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

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

Signature Incorporator

Monica L. Workens

FILED
07 SEP 28 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/26/2007
Date

9/26/2007
Date