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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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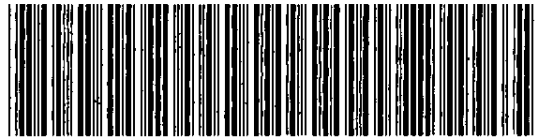
(Business Entity Name)

(Document Number)

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08 JUN 16 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1

TRANSMITTAL LETTER

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

SUBJECT: Dave's RV Lifestyle, Inc.
(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: David W. Brown
Name (Printed or typed)

41 Waterview Place
Address

Freeport, FL 32439
City, State & Zip

(850) 218-0394
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:

Dave's RV Lifestyle, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

41 Waterview Place
Freeport, FL 32439

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in E Commerce Retail

ARTICLE IV SHARES

The number of shares of stock is:

100 Common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David W. Brown	41 Waterview Place; Freeport, FL 32439
Patricia A. Brown	41 Waterview Place; Freeport, FL 32439

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

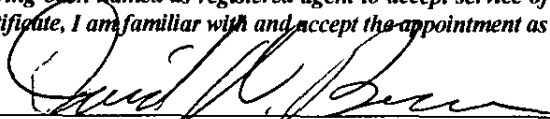
David W. Brown
41 Waterview Place; Freeport, FL 32439

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

David W. Brown	41 Waterview Place; Freeport, FL 32439
Patricia A. Brown	41 Waterview Place; Freeport, FL 32439

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
TALLAHASSEE, FLORIDA