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(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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MIN APR 21 P 2: 5L
SECRETARY OF STATE
ALLAHASSEF, FI ORION

APR 2.8 2009 D. A. WHITE

COVER LETTER

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

SUBJECT: DAVID DICKIAS ON ROLLING SUFFIX				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE 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	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
	· 36 mg	Status ADDITIONAL COPY REQUIRED		
FROM: DAVID R DICKINSON Jr Name (Printed or typed)				
2950 SE49th PL				
Ocala, El 34480 City, State & Zip				
	352-427- Daytime T	-0550 elephone 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)	FILED
ARTICLE I NAME	
The name of the corporation shall be:	~ 2009 APR 27 P 2: 54
David Dickinson Realtor, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal <u>street</u> address and mailing address, if different is: 19185E 17th Street	. ,
Ocala F1 34471	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
incorporate 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):	
David Dickinson, President/Director	
2950 SIE 49th Place	
Ocala FL 34480	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the register	ered agent is:
David Dickinson,	
1918 SE 17th Street	
Ocala FL 34471	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
——————————————————————————————————————	
David Dickinson 1918 SE 17th Street	
Ocala FL 3447/ ***********************************	*******
Having been named as registered agent to accept service of process for the above stated corporalificate, I am familiar with and accept the appointment as registered agent and agree to act in	poration at the place designated in this n this capacity
Jan July var	4/4/09
Signature/Registered Agent	// Date
/ Man Confine	11/24/09
Signature/Incorporator	// Date T