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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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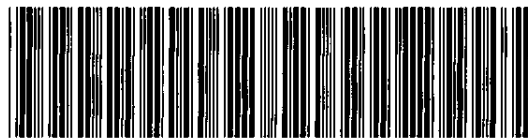
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: DERRICK G. MILLSPAUGH 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: DERRICK G. MILLSPAUGH INC  
Name (Printed or typed)

2052 OLD ARBON CT  
Address

SARASOTA, FL 34232  
City, State & Zip

941-321-5072  
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:

DERRICK G. MILLSPAUGH, INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2052 OLD ARBOR CT  
SARASOTA, FL 34232

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSOLIDATE BUSINESS ACTIVITIES

### **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):

DERRICK G. MILLSPAUGH, PRESIDENT  
2052 OLD ARBOR CT  
SARASOTA, FL 34232

### **ARTICLE VI REGISTERED AGENT**

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

DERRICK G. MILLSPAUGH  
2052 OLD ARBOR CT  
SARASOTA, FL 34232

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


DERRICK G. MILLSPAUGH  
2052 OLD ARBOR CT  
SARASOTA, FL 34232

\*\*\*\*\*

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

5/6/09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/6/09  
\_\_\_\_\_  
Date

FILED  
09 MAY 11 PM 1:57  
SARASOTA, FL  
CLERK OF CIRCUIT COURT