

P10000013912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

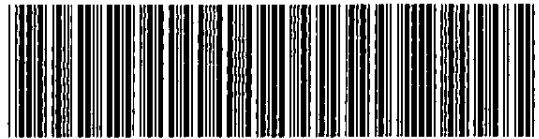
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 FEB 16 PM 12:10

N1-3354

B McKnight FEB 16 2010

COVER LETTER

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

SUBJECT: DT, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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DT, INC.
Name (printed or typed)

12626 LAKE JOVITA BLVD.
Address

DADE CITY, FL 33525
City, State & Zip

314-416-2611
Daytime Telephone Number

kmilford@charter.net
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2010

DT, INC.
12626 LAKE JOVITA BLVD
DADE CITY, FL 33525

SUBJECT: DT, INC.
Ref. Number: W10000003354

We have received your document for DT, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 910A00001805

CERTIFICATE OF DOMESTICATION

The undersigned, THOMAS M. BLASSIE, PRESIDENT,
(Name) (Title)

of DT, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was JUNE 30, 2004.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was STATE OF MISSOURI.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was DT, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is DT, INC. DT Insurance, Inc
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was STATE OF MISSOURI
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Thomas Blassie of DT, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 12th day of JANUARY, 2010.

Thomas Blassie
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 FEB 16 PM 12:10

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

~~DT INC~~ DT INSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

12626 LAKE JOVITA BLVD.
DADE CITY, FL 33525

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
INSURANCE SERVICES

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

THOMAS M. BLASSIE	DIANE M. BLASSIE
12626 LAKE JOVITA BLVD	12626 LAKE JOVITA BLVD
DADE CITY, FL 33525	DADE CITY, FL 33525

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:


THOMAS M. BLASSIE
12626 LAKE JOVITA BLVD.
DADE CITY, FL 33525

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

THOMAS M. BLASSIE
12626 LAKE JOVITA BLVD.
DADE CITY, FL 33525

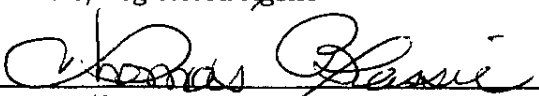
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

1/12/10

Date



Signature/Incorporator

1/12/10

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 FEB 16 PM 12:10