Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000150330 3)))



H100001503303ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6391

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone

: (800)494-3124

Fax Number

: (561)455-9885

Enter the email address for this business entity to be used for this annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION DSOTA, Inc.

T BUTSON STORE SEE OF THE TAKE OF THE STORE OF THE SEE	to the day to do to strong the document
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

4-10000150330.3

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:

DSOTA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

506 NW WAVERLY CIRCLE PORT ST LUCIE, FLORIDA 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0,01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
ROBERT M SONDAG JR
506 NW WAVERLY CIRCLE
PORT ST LUCIE, FLORIDA 34983



71.10000150330.3

PAGE 2 DSOTA, INC.

ARTICLE VI REGISTERED AGENT

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

ROBERT M SONDAG JR 506 NW WAVERLY CIRCLE PORT ST LUCIE, FLORIDA 34983



ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

ROBERT M SONDAG JR 506 NW WAVERLY CIRCLE PORT ST LUCIE, FLORIDA 34983

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.

ROBERT M SONDAG JR / Registered Agent

Date

71-10000150 330.3.