## P10000/05697

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| CORRECT AT T-Shores                     |  |  |  |
| DATE DOC. EXAM                          |  |  |  |

Office Use Only



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SECHETARY OF STATE

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10 AUG -9 PM 3: 15

DIVISION OF CORPORATIONS

August 2, 2010

CAROLE A K WILSON 501 SW 11TH PLACE, SUITE 113B BOCA RATON, FL 33432

SUBJECT: DRAGONFLIES THAT SOAR INC

Ref. Number: W10000036040

We have received your document for DRAGONFLIES THAT SOAR INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the enclosed form in its entirety including the signature of the registered agent and return for processing.

Please return 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) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 010A00018553

## **COVER LETTER**

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

| SUBJECT:             | agently that Sou<br>PROPOSED CORPORA       | r Inc  |  |
|----------------------|--|--|--|
|                      | (PROPOSED CORPORA                          | TE NAME – <u>MUST INCL</u>                           | UDE SUFFIX)  |
| Enclosed are an orig | inal and one (1) copy of the arti          | cles of incorporation and                            | a check for:   |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUIRED |
| FROM:                | Carole ANG U                               | 01/500   |  |
|                      | 501 SW 11M                                 |  | /13B   |
|                      | Boca Rustry,                               | 11, 33432<br>State & Zip                             | · · · · · · · · · · · · · · · · · · ·                                  |
| _                    | 561 - 393<br>Daytime T                     | -37.29 elephone number                               |  |
| <del></del>          | Chase, 2041 G                              | Jahos im I for future annual report n                | otification)   |

NOTE: Please provide the original and one copy of the articles.

| ARTICLE I NAME  |                                 |
|---|---------------------------------|
| The name of the corporation shall be:                                       |                                 |
|   | <b>-</b>                        |
| Irazonflys Ther Soon Inc  | SECRE<br>RALLAH)                |
| ARTICLE II PRINCIPAL OFFICE   | -9<br>-9                        |
| The principal street address and mailing address, if different is:          | ##C P                           |
| 501 SW 11th Rlace STE 11303   | က်<br>ကို သို့<br>သို့          |
| 5000 Raton, Flores, 33432-7143  | <b>⋽</b> ₩ <b>-</b>             |
| ARTICLE III PURPOSE   | <b>⊳</b> *′ <b>∞</b>            |
| The purpose for which the corporation is organized is:                      |                                 |
| to hopefully make money   |                                 |
| ARTICLE IV SHARES   |                                 |
| The number of shares of stock is:   | -                               |
| 1   |                                 |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS                                 |                                 |
| List name(s), address(es) and specific title(s):                            |                                 |
| Cawke Wilson  |                                 |
| 501 SW 11th Place JE113B  |                                 |
| Boca laton, 01. 33432   |                                 |
| ARTICLE VI REGISTERED AGENT   |                                 |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the | e registered agent is:          |
| Carole Wilson   |                                 |
| 301 Sw. 11MA Place STE 113B   |                                 |
| Boca- Raton, JT. 33432-7143   |                                 |
| ARTICLE VII INCORPORATOR  |                                 |
| The <u>name and address</u> of the Incorporator is:                         |                                 |
| Carrie A.K. Wilson  |                                 |
|   |                                 |
| 501, 5.W. 11th Place Ste 113B<br>Bola Ratm, 71, 33342-7143                  |                                 |
| ******************  | ********                        |
| Having been named as registered agent to accept service of process for      |                                 |
| place designated in this certificate, I am familiar with and accept the     | appointment as registered agent |
| agree to act in this capacity   |                                 |
| Can Da Au (1) 2 mg  | 1 - H                           |
| Signature/Registered Agent  | July 26 2016  Date              |
|   | Date St. St.                    |
| Carole At Wil Son   | July 26 7016                    |
| Signature/Incorporator  | ' Date                          |