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Oct 19 2011 2:09PM  
Division of Corporations  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (850) 656-7953

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
THE DYNETECH GROUP, INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

APPROVED  
AND  
FILED  
10 OCT 19 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10 OCT 19 PM 4:21  
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TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED  
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**ARTICLES OF INCORPORATION**

10 OCT 19 PM 1:55

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

THE DYNETECH GROUP, INCORPORATED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2200 Lucien Way

Suite 400

Maitland, Florida 32751

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_

Incorporating Services, Ltd.

Address: \_\_\_\_\_

1540 Glenway Drive

Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Beverly O. Porter

Address: \_\_\_\_\_

3500 South DuPont Highway

Dover, Delaware 19901

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

Karen E. Zolnick, Assistant Secretary  
Required Signature/Registered Agent

10/19/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Beverly O. Porter  
Required Signature/Incorporator

10/19/2010

Date