## P100089762

(Re	questor's Name)					
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Special instructions to	Filing Officer:					

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2010

THEODORE S LESKOWICZ 3113 NE 6TH PLACE CAPE CORAL, FL 33909

SUBJECT: T.D.L., INC.

Ref. Number: W10000050322

11/10 Date

We have received your document for T.D.L., INC. and your check(s) totaling \$70.00. 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) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 110A00025311

## **COVER LETTER**

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

SUBJECT: T.D.L., Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
FROM: Theodore S. Les Name		
Cape Coral FL City,		
239- <u>545- 78</u> Daytime To	elephone number	
E-mail address: (to be used	ot mail. com	notification)

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 NA	ME -	D 1 -0.4	5111-1	Tma				
The name of the corpora	ition shall be:	D. C. OX.	JWFL,	Inc.				
ARTICLE II PR	INCIPAL OFFICE Principal street addi	OFFICE street address Aailing addr  A A A A A A A A A A A A A A A A A A A			g address, if different	ress, if different is:		
ARTICLE III PUI	RPOSE							
The purpose for which		ganized is:						
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The number of shares of	ARES  f stock is: \00  TIAL OFFICERS	AND OR DIRECT	octore.					
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Address:	3113 NE 61	h Diace		ess:	ن قائمه			
	Coupe Cosa	FL 3390	-		上洲	<b>6</b>		
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Address:					5.5	2		
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ARTICLE VI REC	GISTERED AGEN		able) of the regi	stered agent is:	· · · · · · · · · · · · · · · · · · ·			
Name:	Elena Tra		abic) of the regi	sicica agent is.				
Address:	1625 SE 46	th Street	<del></del>					
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	7	· · · · · · · · · · · · · · · · · · ·						
	CORPORATOR				•			
The name and address								
Name:	Theodore	5, Leskie	WICE					
Address:	Cape Cora	9 FL 3390	<del>1</del>					
Having been named as this certificate, I am fan						e designated in		
	Required Signatur	re/Registered Age	ent	<del></del>	Da	ate .		
I submit this document	t and affirm that the	facts stated here	ein are true, I (		the false information			
document to the Depart	ment of State constitu	utes a third degre	e felony as prov	rided for in s.81	7.155, F.S.	,		
111	2/1/	フ			/_	1 -		
I,hiddrl	Required Signa	ture/Ipeorporator	r'		10/20	7/10 Vate		