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| Special Instructions to Filing Officer: | | | | |
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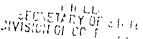
COVER LETTER

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

| SUBJECT: DESIGN COMPETIT | | |
|--|--|-----------------|
| (PROPOSED CORPORA | ATE NAME – <u>MUST INCLUDE SUFFIX</u>) | |
| Enclosed are an original and one (1) copy of the art | icles of incorporation and a check for: | — |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Co | |
| | Status ADDITIONAL COPY REQUIRE | D |
| | | |
| FROM: Joseph A Castro | e (Printed or typed) | |
| 8704 Busch Oaks Stree | t | |
| , | Address | 20 |
| Tampa, Florida 33617 | State & Zip | višio. Visio |
| _813-545-0500 | • | 728 / |
| Daytime T | elephone number | PH 12 |
| <u>josephacastro@aol.com</u> E-mail address: (to be use | d for future annual report notification) | 2: 08 3: 08 |

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

ARTICLES OF INCORPORATION



| | • In compliance with Chapter 607 | | AIVISION OF CO. |
|--|---|-----------------|--------------------------|
| ARTICLE I NAME The name of the corporation shall be: DESIGN COMPETITORS CO. | | TORS CO. | |
| i ne name of the | e corporation snail be: | | 2010 OCT 28 PM 3: 08 |
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal street address | Mailing ac | ddress, if different is: |
| | 8704 Busch Oaks Street | | |
| • | Tampa, Florida 33617 | | |
| | | | |
| ARTICLE III | PURPOSE | | |
| The purpose for | r which the corporation is organized is: | | |
| ARTICLE IV | | | |
| The number of s | shares of stock is: 1,000,000 | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECT | ORS | |
| | Title: Joseph A Castro, President | | |
| Address: | | | |
| | Tampa, Florida 33617 | | |
| | | | - |
| | l Title: | Name and Title: | |
| Address: | | | |
| | | | <u> </u> |
| | | | |
| Name and | l Title: | Name and Title: | |
| Address: | | Address: | |
| | | | |
| | | | |
| | REGISTERED AGENT | | |
| | Florida street address (P.O. Box NOT acceptable | | |
| Name: | Joseph A Castro | | |
| Address: | 8704 Busch Oaks Street | | |
| | Tampa, Florida 33617 | | |
| ARTICLE VII | I INCORPORATOR | | |
| | address of the Incorporator is: | | |
| Name: | Joseph A Castro | | |
| Address: | 8704 Busch Oaks Street | <u> </u> | |
| | Tampa, Florida 33617 | | |
| | amed as registered agent to accept service of pro I am familiar with and accept the appointment as | | |
| | 1.11 /ax | | 10/25/10 |
| | Required Signature/Registered Agent | | Date |
| • | / Judan an arbumana ya Bann | • | ' 7 |

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.