

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 : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****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
D.A. SHOP.COM CORP

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

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Corporate Filing Menu

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02/28/11

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11 FEB 28 PM 1:29
DIVISION OF CORPORATIONS

FILED
2011 FEB 28 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 01 2011
J. Shivers

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

ARTICLE I NAME D.A. SHOP.COM CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
14631 N W 27 AVE
OPA LOCKA FL 33054

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS J VALDES
Address: 14631 N W 27 AVE
OPA LOCKA FL 33054

Name and Title: _____
Address: _____

Name and Title: LUIS J VALDES
Address: 14631 N W 27 AVE
OPA LOCKA FL 33054

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: LUIS J VALDES
Address: 14631 N W 27 AVE
OPA LOCKA FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS J VALDES
Address: 14631 N W 27 AVE
OPA LOCKA FL 33054

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



Required Signature/Registered Agent

02/28/2011

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.



Required Signature/Incorporator

02/28/2011

Date

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