

P11000025818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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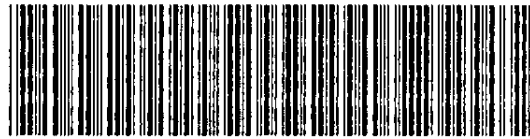
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 21 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 3/23/11

## COVER LETTER

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

SUBJECT: Phil Daniel Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Phillip Dufresne  
Name (Printed or typed)

1945 S. Ocean Dr #1711  
Address

Hallandale Beach, FL 33009  
City, State & Zip

(305) 934-5330  
Daytime Telephone number

phil\_d@techlinkusa.net  
E-mail address: (to be used for future annual report notification)

PHIL\_D@techlinkUSA.NET

**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 NAME

The name of the corporation shall be: Phil Daniel Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
1945 S. Ocean Dr.  
#1711  
Hallandale Beach, FL 33009

Mailing address, if different is:  
P.O. Box 694125  
North Miami Beach, FL 33269

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phillip Dufresne, President  
Address: \_\_\_\_\_

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

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

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: Phillip Dufresne  
Address: 1945 S. Ocean Dr. #1711  
Hallandale Beach, FL 33009

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Phillip Dufresne  
Address: 1945 S. Ocean Dr. #1711  
Hallandale Beach, FL 33009

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Phillip Dufresne

Required Signature/Registered Agent

3/17/11

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.

Phillip Dufresne

Required Signature/Incorporator

3/17/11

Date