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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 04/12/11

COVER LETTER

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

SUBJECT: DKV MANAGEMENT, 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: DUSTIN KENT VANCEL

Name (Printed or typed)

1595 SPRING HARBOR DRIVE #H

Address

DELRAY BEACH, FL 33445

City, State & Zip

561-670-5189

Daytime Telephone number

VAN67M@AOL.COM

E-mail address: (to be used for future annual report 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 NAME DKV MANAGEMENT, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1595 SPRING HARBOR DRIVE #H
DELRAY BEACH, FL 33445

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DUSTIN KENT VANCEL / PRESIDENT
Address: 1595 SPRING HARBOR DRIVE #H
DELRAY BEACH, FL 33445

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:

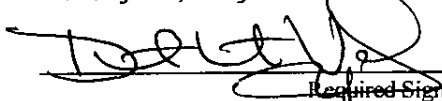
Name: DUSTIN KENT VANCEL
Address: 1595 SPRING HARBOR DRIVE #H
DELRAY BEACH, FL 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DUSTIN KENT VANCEL
Address: 1595 SPRING HARBOR DRIVE #H
DELRAY BEACH, FL 33445

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

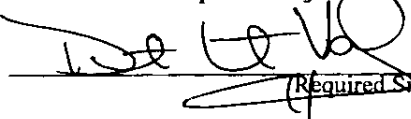


Required Signature/Registered Agent

4/6/2011

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

4/6/2011

Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 APR 11 PM 3:29

FILED