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(Requ	uestor's Name)		
(Addr	ress)		
(Addr	ess)		
(City/	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

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

SUBJECT: DLS Online Sales, Inc.	•
(PROPOSED CORPORA	TE 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 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Darrel	L. Sparks e (Printed or typed)
4316 Lake	Woodbourne Dr.
	Address
Jackson	ville, FL 32217 , State & Zip
904- Daytime	367-0380 Telephone number
Sparks	d08@aol.com ed for future annual report notification)
(to oc use	

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)

APTICIET	PRINCIPAL OFFICE		
AKIICDD II	Principal street address	Mailing a	ddress, if different is:
	4316 Lake Woodbourne Dr.		odbourne Dr.
	Jacksonville, FL 32217		L 32217
ARTICLE III			
	which the corporation is organized is: e of the corporation is to conduct at	ny loveful nurnono or nurr	2222
The purpos		ly latitud purposes of purp	,
ARTICLE IV			
The number of sh	nares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	
Name and	Title: Darrell L. Sparks, President		
Address:	4316 Lake Woodbourne Dr. Jacksonville, FL 32217		
	Jacksonville, FL 32217		
Name and	Title:		
Address:		Address:	
Name and	Title:		
Address:	Title.	Address:	
ARTICLE VI	REGISTERED AGENT		⊼ ∞ →
	orida street address (P.O. Box NOT acceptab		
Name:	Corporation Service Company		
Address:	1201 Hays Street		No. 10 Million
	Tallahassee, Fl 32301		600 - I
ARTICLE VII	INCORPORATOR		Me R Mi
	Idress of the Incorporator is:		Line to the think
Name:	Darrell L. Sparks		22 E
Address:	4316 Lake Woodbourne Dr. Jacksonville, FL 32217		
Having been nar	ned as registered agent to accept service of pr	ocess for the above stated corpo	ration at the place designated
his certificate, I	am familiar with and accept the appointment a	s _i registered agent and agree to a	ct in this capacity
The W	autout M House Lasia Kill	\wedge \wedge	1 - 1
100	Required Signature/Registered Agent		4/3/11
			\ Date
Submit this doc	rument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the	false information submitted in
	separament of state constitutes a tara degree f	econy us providea for in \$.817.15	(5, F.S.
¥	Imrsell I KI	TASA	4/15/18
R	Required Signature/Incorporator	VUW.	7/()///