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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****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
DPH TECHNOLOGY, INC.

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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J. Shivers MAY 31 2011

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2811 MAY 31 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: DPH Technology, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3658 Forsythia Trail
Clemmons, NC 27012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Internet café and business services

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David P. Hagle, President, Secretary, Director
Address: 3658 Forsythia Trail
Clemmons, NC 27012

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: NRAI Services, Inc.
Address: 515 East Park Avenue
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: David P. Hagle
Address: 3658 Forsythia Trail
Clemmons, NC 27012

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

NRAI Services, Inc.

Leida Blaufer

Leida Blaufer, Assistant Secretary

Required Signature/Registered Agent

5/31/11

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.

David P. Hagle

Required Signature/Incorporator

5-31-11

Date

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